2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90002 034 ***150.00

DOCUMENT # P05000124221

1. Entity Name

B & N FABRICATING, INC.

Principal Place of Business	Mailing Address
1525 &1529 DOLGER PLACE PORT OF SANFORD FL 32771 US	1525 &1529 DOLGER PLACE PORT OF SANFORD FL 32771 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1525 Dolgner PL
Suite, Apt. #, etc.	Suite, Apt. #, etc. Sanford Fla
City & State	City & State
Zip / Country	Zip 32771 / Country Seminole

1st MOORE CR2E034 (10/07)

4. FEI Number 20-3430713 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ISAACKS, NANCY L
1525 &1529 DOLGER PLACE
PORT OF SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Nancy L Isaacks ORS! 2-27-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ISAACKS, BENJAMIN C	
STREET ADDRESS	1525 &1529 DOLGER PLACE	
CITY-ST-ZIP	PORT OF SANFORD FL 32771	
TITLE	VP	☐ Delete
NAME	ISAACKS, NANCY L	
STREET ADDRESS	1525 &1529 DOLGER PLACE	
CITY-ST-ZIP	PORT OF SANFORD FL 32771	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy L Isaacks 2-27-08 407-328-0113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #