

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 1525 & 1529 DOLGER PLACE PORT OF SANFORD FL 32771 US	Mailing Address 1525 & 1529 DOLGER PLACE PORT OF SANFORD FL 32771 US
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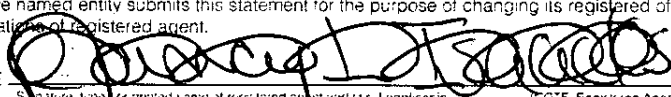
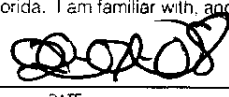
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1525 Dolger PL Sanford FL 32771
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
	32771 Seminole

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent ISAACKS, NANCY L 1525 & 1529 DOLGER PLACE PORT OF SANFORD FL 32771	
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4. FEI Number 20-3430713	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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  Signature, typed or printed name of registered agent and title, if applicable.	DATE  (NOTE: Registered Agent signature required when reinstating)

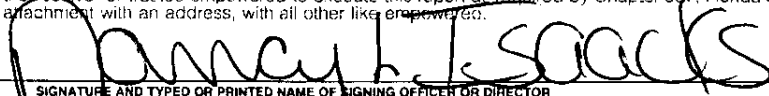
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P ISAACKS, BENJAMIN C 1525 & 1529 DOLGER PLACE PORT OF SANFORD FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VP ISAACKS, NANCY L 1525 & 1529 DOLGER PLACE PORT OF SANFORD FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 employees.

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