

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124221

Entity Name: B & N FABRICATING, INC.

FILED
Aug 31, 2009
Secretary of State

Current Principal Place of Business:

1525 & 1529 DOLGER PLACE
PORT OF SANFORD, FL 32771 US

New Principal Place of Business:

1525 & 1529 DOLGER PLACE BAY 1 & 2
PORT OF SANFORD, FL 32771 US

Current Mailing Address:

1525 DOLGNER PL
SANFORD, FL 32771 US

New Mailing Address:

1525 DOLGNER PL BAY 1
SANFORD, FL 32771 US

FEI Number: 20-3430713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ISAACKS, BENJAMIN C
Address: 1525 & 1529 DOLGER PLACE
City-St-Zip: PORT OF SANFORD, FL 32771

Title: VP () Delete
Name: ISAACKS, NANCY L
Address: 1525 & 1529 DOLGER PLACE
City-St-Zip: PORT OF SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ISAACKS, BENJAMIN C
Address: 1525 & 1529 DOLGER PLACE BAY 1 & 2
City-St-Zip: PORT OF SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN ISAACKS

PRES

08/31/2009

Electronic Signature of Signing Officer or Director

Date