


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P95000094060 1. Entity Name A & M MANUFACTURING, INC. |  |
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| Principal Place of Business 26988 SE 19 HWY OLD TOWN, FL 32680 | Mailing Address PO BOX 1452 OLD TOWN, FL 32680 |
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 59-3354550 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DAVIS, GLEN HIGHWAY 55-A (1/4 MILE FROM US 19) OLD TOWN, FL 32680 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DAVIS, GLEN HWY. 55-A 1/4 MILE FROM US 19 OLD TOWN, FL 32680 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DAVIS, MARCIA HWY. 55-A 1/4 MILE FROM US 19 OLD TOWN, FL 32680 |
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**UD0000433071
02/23/06-80095-019 150.00**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* **2-8-2006** **352-542-7152**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #