

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094060

Entity Name: A & M MANUFACTURING, INC.

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

26988 SE 19 HWY  
OLD TOWN, FL 32680

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1452  
OLD TOWN, FL 32680

**New Mailing Address:**

FEI Number: 59-3354550      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, GLEN  
HIGHWAY 55-A  
(1/4 MILE FROM US 19)  
OLD TOWN, FL 32680 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAVIS, GLEN  
Address: HWY. 55-A 1/4 MILE FROM US 19  
City-St-Zip: OLD TOWN, FL 32680

Title: T ( ) Delete  
Name: DAVIS, MARCIA  
Address: HWY. 55-A 1/4 MILE FROM US 19  
City-St-Zip: OLD TOWN, FL 32680

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: GLEN DAVIS

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date