

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097008

FILED
Mar 02, 2005
Secretary of State

Entity Name: AABCO STORM SHUTTER MANUFACTURING, INC.

Current Principal Place of Business:

1577 SW 1ST WAY E-8
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

1577 SW 1ST WAY E-8
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 65-0792372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BADE, CHERYL L
2840 NE 33RD CT. #16
FORT LAUDERDALE, FL 33306 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: NOBLE, JOHN E
Address: 4220 122ND DR. NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VPS () Delete
Name: BADE, CHERYL L
Address: 2840 NE 33RD CT. #16
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: T () Delete
Name: BADE, RONALD E
Address: 9271 SUN POINTE DR.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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: CHERYL BADE

Electronic Signature of Signing Officer or Director

V.P.

03/02/2005

Date