


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90103 001 ***158.75

DOCUMENT # P98000008252

1. Entity Name
CABAZON INDUSTRIES, INC.



Principal Place of Business Mailing Address

715 NORTH DRIVE STE C
 MELBOURNE FL 32934 715 NORTH DRIVE STE C
 MELBOURNE FL 32934

2. Principal Place of Business 3. Mailing Address

909 E. New Haven Ave. 909 E. New Haven Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 204 Suite 204

City & State City & State

Melbourne, FL. Melbourne, FL

Zip Country Zip Country

32901 USA 32901 USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

TYNES, ANTHONY J
 715 NORTH DRIVE STE C
 MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name: Tynes, Anthony J.
 Street Address (P.O. Box Number is Not Acceptable): 909 E. New Haven Ave, St. 204
 City: MELBOURNE FL Zip Code: 32901

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: Anthony J. Tynes Anthony J. Tynes Et. V. P. DATE: 4/15/04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TYNES, MADELYN	
STREET ADDRESS	2655 SUMMER BROOK ST.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TYNES, ANTHONY	
STREET ADDRESS	2665 SUMMER BROOK ST. 2655	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Anthony J. Tynes Anthony J. Tynes DATE: 4/15/04 DAYTIME PHONE #: 321-255-9783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR