## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000038765

Entity Name

A. B. & B. MANUFACTURING, INC.



FILED Feb 01, 2008 08:00 AN Secretary of State

Principal Place of Business

836 MAMIE ROAD JACKSONVILLE, FL 32205 Mailing Address

P.O. BOX 6456

JACKSONVILLE, FL 32236



## DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3577788

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, JAMES T 8657 LONGFIELD DRIVE JACKSONVILLE, FL 32244

## 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financ Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRECT P BROOKS, JAMES T 8657 LONGFORD DRIVE JACKSONVILLE, FL 32244	TORS			Hennongingin
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/08/08-80046-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director					

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:

CONTURE AND TYPED OR PRINTED NAME OF SIGNING OF

JAMES T. BROOKS

1-29.08

904-695-2426

Daytime Phone #