

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90067 042 ***150.00

DOCUMENT # 839245		
1. Entity Name FAFCO, INC.		

Principal Place of Business 435 OTTERSON DR CHICO, CA 95928	Mailing Address 435 OTTERSON DR CHICO, CA 95928
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	



02082007 Chg-P CR2E034 (12/06)

4. FEI Number 94-2159547	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

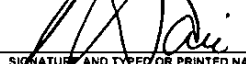
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP FORD, FREEMAN A. 435 OTTERSON DR CHICO, CA 95928 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief operating officer Robert Leckinger 435 Otterson Dr. Chico, CA 95928 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, WILLIAM MR 435 OTTERSON DRIVE CHICO, CA 95928 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Ford 435 Otterson Drive Chico, CA 95928 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, DAVID K 435 OTTERSON DR CHICO, CA 95928 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, WILLIAM 435 OTTERSON DR CHICO, CA 95928 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELIG, ROBERT W JR. 435 OTTERSON AVE CHICO, CA 95928 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARVIN, NANCY I 435 OTTERSON DR CHICO, CA 95928 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 assignee 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: 	Nancy I. GARVIN	VP FINANCE	(530) 332-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #