

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90028 040 ***558.75

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 94-2159547 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				07082008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
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	P 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	V BRIAN SMITH 435 OTTERSON DR 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	V JEFF WEDGE 435 OTTERSON DR. CHICO, CA 95928	☐ 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	C MICHAEL GREENE 435 OTTERSON DR CHICO, CA 95928	☐ 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	C TERRY UNSWORTH 435 OTTERSON DR CHICO, CA 95928	☐ 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	C D FREEMAN A. FORD 435 OTTERSON DR. CHICO, CA 95928	☒ 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 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: _____ <i>NANCY I. GARVIN</i> 7/8/08 (530) 332-2140 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					