


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90003 043 ***150.00

DOCUMENT # 849633

1. Entity Name
FABCO-AIR, INC.



Principal Place of Business Mailing Address

3716 NE 49TH AVENUE **3716 NE 49TH AVENUE**
GAINESVILLE, FL 32609 **GAINESVILLE, FL 32609**

50000293



DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2118021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMIDT, WILLIAM R 3716 NE 49 AVENUE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUBBS, MICHAEL B 777 3RD AVE 18TH FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, PIERCE JR. 91 BRISTLECONE COURI AUGUSTA, GA 30909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDWARDS, LOUIS 1156 LULLWATER ROAD ATLANTA, GA 30307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, WILLIAM 767 5TH AVENUE, 44TH FLOOR NEW YORK, NY 10153
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: W. Schmidt 1.3.2005 352 373-3578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #