


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90263 039 \*\*\*150.00

**DOCUMENT # 849633**

1. Entity Name  
**FABCO-AIR, INC.**



00000336

Principal Place of Business      Mailing Address  
**3716 NE 49TH AVENUE**      **3716 NE 49TH AVENUE**  
**GAINESVILLE, FL 32609**      **GAINESVILLE, FL 32609**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01112007      Chg-P      CR2E034 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**59-2118021**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**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

I, 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, 2007 Fee will be \$550.00**

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

444 MADISON AVE       Change       Addition  
 33 FLOOR NY, NY 10022

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:** \_\_\_\_\_      **1. 11. 07**      **352 373-3578**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #