


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90045 026 ***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**


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

40000401



01152008 Chg-P CR2E034 (12/06)

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	444 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	
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		

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: *Darin Ma* 1.18.08 352 373-3575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #