

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L51135

FILED
Jan 06, 2004
Secretary of State

Entity Name: FABEL ENTERPRISES, INC.

Current Principal Place of Business:

% EDWARD A. STRACHAN
5385 DRAKE LANE
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

% EDWARD A. STRACHAN
5385 DRAKE LANE
MILTON, FL 32570

New Mailing Address:

FEI Number: 59-2992099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRACHAN, EDWARD A.
5385 DRAKE LANE
MILTON FL, FL 32570 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: STRACHAN, EDWARD A.,
Address: 5385 DRAKE LANE
City-St-Zip: MILTON FL,

Title: VC () Delete
Name: PRESTON, JOHN FOSTER,
Address: 5312 HAMILTON BRIDGE RD.
City-St-Zip: MILTON FL,

Title: D () Delete
Name: PRESTON, BETTY L.,
Address: 5312 HAMILTON BRIDGE RD.
City-St-Zip: MILTON FL,

Title: D () Delete
Name: STRACHAN, ELIZABETH, B.
Address: 5385 DRAKE LANE
City-St-Zip: MILTON FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD A. STRACHAN

PST

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date