


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90089 050 ***158.75

DOCUMENT # L51135

1. Entity Name
FABEL ENTERPRISES, INC.



Principal Place of Business
% EDWARD A. STRACHAN
5385 DRAKE LANE
MILTON, FL 32570

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

2. Principal Place of Business
5312 HAMILTON BRIDGE RD
 Suite, Apt. #, etc.

3. Mailing Address
5312 HAMILTON BRIDGE RD
 Suite, Apt. #, etc.

City & State
MILTON FL

City & State
MILTON FL 3

Zip Country
32570 SANTA ROSA

Zip Country
32570 SANTA ROSA



01042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
John Foster Preston

Street Address (P.O. Box Number is Not Acceptable)
5312 HAMILTON BRIDGE RD

City
MILTON

State
FL

Zip Code
32570

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: *Edward A. Strachan* *John Foster Preston* **3 JAN 2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE PST | STRACHAN, EDWARD A. <input checked="" type="checkbox"/> Delete | TITLE PST | Preston, John Foster <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRACHAN, EDWARD A. | NAME | Preston, John Foster |
| STREET ADDRESS | 5385 DRAKE LANE | STREET ADDRESS | 5312 Hamilton Bridge Rd |
| CITY-ST-ZIP | MILTON FL, | CITY-ST-ZIP | MILTON FL 32570 |
| TITLE | VC <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRESTON, JOHN FOSTER | NAME | |
| STREET ADDRESS | 5312 HAMILTON BRIDGE RD. | STREET ADDRESS | |
| CITY-ST-ZIP | MILTON FL, | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRESTON, BETTY L. | NAME | |
| STREET ADDRESS | 5312 HAMILTON BRIDGE RD. | STREET ADDRESS | |
| CITY-ST-ZIP | MILTON FL, | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRACHAN, ELIZABETH B. | NAME | |
| STREET ADDRESS | 5385 DRAKE LANE | STREET ADDRESS | |
| CITY-ST-ZIP | MILTON FL, | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: *John Foster Preston* **1-25-05** **850 623 6834**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #