


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # M79854 1. Entity Name FABRI-TECH, INC.	
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Principal Place of Business % WILLIAM D. BROWN PO BOX 299 MULBERRY, FL 33860	Mailing Address % WILLIAM D. BROWN 5556 HIGHLAND VISTA CIRCLE LAKELAND, FL 33813
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2888195	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

BROWN, WILLIAM D.
5556 HIGHLAND VISTA CR
LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

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 reconstating)

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

000000590118
 01/18/07-80043-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, WILLIAM D 5556 HIGHLANDS VISTA CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROWN, STEVEN D 4811 CALHOUN RD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, WILMA J 5556 HIGHLAND VISTA CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROWN, LAMAR A 5548 WOODWIND HILLS DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FOWLER, JOY B 5523 HIGHLANDS VISTA CIR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 807, 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. D. Brown W. D. Brown, President 01/15/07 (863)425-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #