

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90029 043 ***150.00



DOCUMENT # M79854

1. Entity Name

FABRI-TECH, INC.

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FE# Number

59-2888195

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

33812

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

Signature, typed or printed name of registered agent and title. The principal.

(NOTE: Registered Agent signature is optional when submitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DP Delete
 NAME: BROWN, WILLIAM D
 STREET ADDRESS: 5556 HIGHLANDS VISTA CIRCLE
 CITY-ST-ZIP: LAKELAND FL ~~33813~~ *33812*

TITLE: DVP Delete
 NAME: BROWN, STEVEN D
 STREET ADDRESS: 4611 CALHOUN RD
 CITY-ST-ZIP: PLANT CITY FL 33567

TITLE: STD Delete
 NAME: BROWN, WILMA J
 STREET ADDRESS: 5556 HIGHLAND VISTA CIRCLE
 CITY-ST-ZIP: LAKELAND FL ~~33813~~ *33812*

TITLE: DVP Delete
 NAME: BROWN, LAMAR A
 STREET ADDRESS: 5548 WOODWIND HILLS DR
 CITY-ST-ZIP: LAKELAND FL 33813

TITLE: STD Delete
 NAME: FOWLER, JOY B
 STREET ADDRESS: 5523 HIGHLANDS VISTA CIR
 CITY-ST-ZIP: LAKELAND FL ~~33813~~ *33812*

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
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TITLE: Change 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 Section 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: *William D. Brown*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-08 863-646-4485
 Date Registration #