


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000115290
 1. Entity Name
 FAB REIT, INC.



Principal Place of Business Mailing Address
 7700 US HWY 98 WEST 7700 US HWY 98 WEST
 SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE



08112004 No Chg-P CR2E034 (10/03)

4. FEJ Number 04-3653602	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
 KNOWLES, PETE
 7700 US HWY 98 WEST
 SANTA ROSA BEACH, FL 32459

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 reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

U00000170343
 08/18/04-80002-014 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOWLES, PETE 259 BAYWINDS DRIVE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLEY, KIMBERLY S 797 PINE STREET DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____