


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000014609
 1. Entity Name
FAB FINISH, INC



Principal Place of Business
811 8TH AVE.
NEW SMYRNA BCH, FL 32169

Mailing Address
811 8TH AVE.
NEW SMYRNA BCH, FL 32169

DO NOT WRITE IN THIS SPACE



06212005 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0589576 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ISLEY, JOHNNY
811 8TH AVE.
NEW SMYRNA BCH, FL 32169

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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 \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ISLEY, JOHNNY
STREET ADDRESS	811 8TH AVE.
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32169
TITLE	S
NAME	ISLEY, PAULA
STREET ADDRESS	811 8TH AVENUE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000369880
 06/30/05-80001-010 150.00

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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)(j), 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: Paula M Isley Date: 6.21.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR