

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014609

FILED  
May 11, 2008  
Secretary of State

Entity Name: FAB FINISH, INC

**Current Principal Place of Business:**

811 8TH AVE.  
NEW SMYRNA BCH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

811 8TH AVE.  
NEW SMYRNA BCH, FL 32169

**New Mailing Address:**

FEI Number: 01-0589576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ISLEY, JOHNNY  
811 8TH AVE.  
NEW SMYRNA BCH, FL 32169 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ISLEY, JOHNNY  
Address: 811 8TH AVE.  
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: S ( ) Delete  
Name: ISLEY, PAULA  
Address: 811 8TH AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA M. ISLEY

S

05/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date