


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90007 035 ***150.00

DOCUMENT # P02000057342					
1. Entity Name FABIAN REALTY AND DEVELOPMENT INC.					
Principal Place of Business 2631 SE 58TH AVENUE OCALA, FL 34471			Mailing Address 2631 SE 58TH AVENUE OCALA, FL 34471		
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>		03242004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 37-1433419	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FABIAN, JOHN E JR 4802 SE 12 PLACE OCALA, FL 34471			7. Name and Address of New Registered Agent Name <i>Michelle Dinkins</i> Street Address (P.O. Box Number is Not Acceptable) <i>8331 SE 16TH TERRACE</i> City <i>Ocala</i> FL Zip Code <i>34480</i>		
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 <i>Michelle Dinkins</i>			DATE <i>3-23-04</i>		
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 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P/D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIAN, JOHN E JR		NAME	<i>Michelle Dinkins</i>	
STREET ADDRESS	4802 SE 12 PLACE		STREET ADDRESS	<i>8331 SE 16TH TERR</i>	
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP	<i>Ocala FL 34480</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIAN, DEBBIE A		NAME	<i>JEFFREY L BUCK</i>	
STREET ADDRESS	4802 SE 12 PLACE		STREET ADDRESS	<i>8331 SE 16TH TERR.</i>	
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP	<i>Ocala FL 34480</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Michelle Dinkins</i>			DATE: <i>3-23-04</i>		Daytime Phone #: <i>352-208-3705</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #