


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90073 012 ***158.75

DOCUMENT # P04000172297

1. Entity Name
FAB TECH INDUSTRIES, INC



Principal Place of Business
**INDUSTRIAL PARK
 NE 245TH STREET
 CROSS CITY FL 32628**

Mailing Address
**P.O. BOX 1587
 CROSS CITY FL 32628**



2. Principal Place of Business
Fab Tech Industries, Inc

3. Mailing Address
Fab Tech Industries, Inc

Suite, Apt. #, etc.
84 NE 245th St

Suite, Apt. #, etc.
PO Box 1587

1st MOORE CR2E034 (10/05)

City & State
Cross City, Florida

City & State
Cross City, Florida

Zip
32628

Country
USA

Zip
32628

Country
USA

4. FEI Number
20-2063121

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PERRY, RICK
 INDUSTRIAL PARK
 NE 245TH STREET
 CROSS CITY FL 32628**

7. Name and Address of New Registered Agent

Name
Richard W. Perry

Street Address (P.O. Box Number is Not Acceptable)
84 NE 245th St

City
Cross City

FL Zip Code
32628

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]* (NOTE: Registered Agent signature required when reinstating)

DATE **2-13-2006**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, RICK INDUSTRIAL PARK, NE 245TH STREET CROSS CITY FL 32628	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETTY, STEVEN INDUSTRIAL PARK, 245TH STREET CROSS CITY FL 32628	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETTY, CHANDRA INDUSTRIAL PARK, 245TH STREET CROSS CITY FL 32628	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Richard W. Perry 84 NE 245th St Cross City, FL 32628	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Steven W. Petty 84 NE 245th St Cross City, FL 32628	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2-13-2006** DATE

DAYTIME PHONE #