

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094291

FILED
Feb 23, 2005
Secretary of State

Entity Name: FABRI CARE OF NORTH PINELLAS, INC.

Current Principal Place of Business:

1022 CHINABERRY ROAD
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

1022 CHINABERRY ROAD
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3605619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODFREY, STEVE
1022 CHINABERRY ROAD
CLEARWATER, FL 33764 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GODFREY, STEVE
Address: 1022 CHINABERRY RD
City-St-Zip: CLEARWATER, FL 33764

Title: V () Delete
Name: WILLIAMS, WAYNE
Address: 1611 SUNSET DR
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: WILLIAMS, WAYNE
Address: 1480 MICHIGAN BLVD.
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVE GODFREY

P

02/23/2005

Electronic Signature of Signing Officer or Director

_____ Date