

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90495 008 \*\*\*150.00

<b>DOCUMENT # V35578</b>	
1. Entity Name <b>FABLI, INC.</b>	

Principal Place of Business <b>806 QUITMAN HWY N GREENVILLE, FL 32331</b>	Mailing Address <del><b>SR 148 RT 2 BOX 33 MONTICELLO, FL 32344</b></del>
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04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3136792</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>BOYD, STEPHANIE R SR 148 RT 2 BOX 33 4867 Ashville Hwy MONTICELLO, FL 32344</b>	
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**DO NOT WRITE IN THIS SPACE**

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: *Stephanie R Boyd* DATE: 4/21/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, STEPHANIE R SR 148 RT 2 BOX 33 4867 Ashville Hwy MONTICELLO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, F ALLEN JR SR 148 RT 2 BOX 33 4867 Ashville Hwy MONTICELLO, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 807, 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: *Stephanie R Boyd* DATE: 4/21/04 (850) 997-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #