

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H86351

Entity Name: FAB SERVCO, INC.

FILED
May 05, 2005
Secretary of State

Current Principal Place of Business:

800 NORTH CALHOUN STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

800 NORTH CALHOUN STREET
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-2767302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, C. PATRICK
800 NORTH CALHOUN STREET
TALLAHASSEE, FL 32303 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: TD () Delete
Name: LAND, ERIC
Address: 200 S.PARKER ST
City-St-Zip: TAMPA, FL 33606

Title: VC () Delete
Name: BAUMAN, BILL
Address: 1021 N. WYMORE RD.
City-St-Zip: WINTER PARK, FL 32789

Title: V () Delete
Name: TODD, DONITA
Address: 621 SW PINE ISLAND RD
City-St-Zip: CAPE CORAL, FL 33991

Title: S (X) Delete
Name: HUNT, JOHN
Address: 3071 CONTINENTAL DR.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P (X) Delete
Name: ROBERTS, PATRICK C
Address: 101 E COLLEGE AVE - SUITE 301
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Delete
Name: EDEN, ADIB
Address: 2828 CORAL WAY.SUITE 110
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change () Addition
Name: BAUMAN, BILL
Address: 1021 N. WYMORE RD.
City-St-Zip: WINTER PARK, FL 32789

Title: P (X) Change () Addition
Name: ROBERTS, PATRICK P
Address: 800 NORTH CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: C (X) Change () Addition
Name: EDEN, ADIB
Address: 2828 CORAL WAY.SUITE 110
City-St-Zip: MIAMI, FL 33145

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

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 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: C. PATRICK ROBERTS

P

05/05/2005

Electronic Signature of Signing Officer or Director

Date