


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000073984 1. Entity Name REV FAB, INC.	
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Principal Place of Business 1905 NORTH VALENCIA DRIVE AVON PARK, FL 33825	Mailing Address 1905 NORTH VALENCIA DRIVE AVON PARK, FL 33825
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**DO NOT WRITE IN THIS SPACE**



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4957106	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DONALDSON, DEVON P 120 SOUTH ANOKA AVENUE AVON PARK, FL 33825
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES VIETS, RICHARD 1905 NORTH VALENCIA DRIVE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC VIETS, SHIRLEY 1905 NORTH VALENCIA DRIVE AVON PARK, FL 33825
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**DO NOT WRITE IN THIS SPACE**

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07/16/08-80007-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  7-11-08 863-483-1573

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