

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L89508

**Entity Name:** FAB-DI-MAR, INC.

**Current Principal Place of Business:**

11281 43RD STREET NORTH  
CLEARWATER, FL 33762

**Current Mailing Address:**

11281 43RD STREET NORTH  
CLEARWATER, FL 33762 US

**FEI Number:** 59-3028251

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALLBRITTEN, JAMES K  
11281 43RD STREET NORTH  
CLEARWATER, FL 33762 US

*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

**Officer/Director Detail :**

Title P  
Name ALLBRITTEN, JAMES K  
Address 11281 43RD STREET NORTH  
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR  
Name FABRIZI, RICHARD J JR.  
Address 11281 43RD STREET NORTH  
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR  
Name ALLBRITTEN, SHERYL A  
Address 11281 43RD STREET NORTH  
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR  
Name GOLDBERG, LAURA A  
Address 11281 43RD STREET NORTH  
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR  
Name DISALVATORE, JOSEPH P  
Address 11281 43RD STREET NORTH  
City-State-Zip: CLEARWATER FL 33762

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES K ALLBRITTEN

P

02/01/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date