

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 341698

FILED
Feb 16, 2004
Secretary of State

Entity Name: FAB HOMES OF FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 261173
TAMPA, FL 33685

New Principal Place of Business:

P.O. BOX 48096
TAMPA, FL 33647

Current Mailing Address:

P.O. BOX 261173
TAMPA, FL 33685

New Mailing Address:

P.O. BOX 48096
TAMPA, FL 33647

FEI Number: 59-1318210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TASSINARI, DAVID A
18101 HAMDEN PARK WAY
TAMPA, FL 33647 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: PD () Delete
Name: TASSINARI, DAVID A
Address: 18101 HAMDEN PARK WAY
City-St-Zip: TAMPA, FL 33647

Title: STD () Delete
Name: TASSINARI, MICHAEL J
Address: 309 WEST COMANCHE AVE., APT A
City-St-Zip: TAMPA, FL 33605

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR () Change (X) Addition
Name: TASSINARI, KIMBERLY A
Address: 18101 HAMDEN PARK WAY
City-St-Zip: TAMPA, FL 33647

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: DAVID A TASSINARI

PD

02/16/2004

Electronic Signature of Signing Officer or Director

_____ Date