## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 341698** 

Entity Name: FAB HOMES OF FLORIDA, INC.

**FILED** Mar 18, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 48096 P.O. BOX 261173 TAMPA, FL 33647 TAMPA, FL 33685

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 48096 P.O. BOX 261173 TAMPA, FL 33647 TAMPA, FL 33685

FEI Number: 59-1318210 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TASSINARI, DAVID A TASSINARI, MICHAEL J 18101 HAMDEN PARK WAY 8350 SAVANNAH TRACE CIR TAMPA, FL 33647 APT 207 TAMPA, FL 33615 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: MICHAEL J TASSINARI 03/18/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition TASSINARI, DAVID A TASSINARI, MICHAEL J Name: Name: 18101 HAMDEN PARK WAY 8350 SAVANNAH TRACE CIR APT 207 Address: Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33615

Title: Title: (X) Change ( ) Addition () Delete TASSINARI, MICHAEL J Name: TASSINARI, TINA M

Name:

309 WEST COMANCHE AVE., APT A 8350 SAVANNAH TRACE CIR APT 207 Address: Address:

TAMPA, FL 33605 TAMPA, FL 33615 City-St-Zip: City-St-Zip:

Title: Title: DIR ( ) Delete DIR (X) Change ( ) Addition

TASSINARI, KIMBERLY A Name: DONOFRIO, MARGARET C Name: 18101 HAMDEN PARK WAY Address: 1616 LAKE AVE #2 Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: CLEARWATER, FL 33756

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: MICHAEL J TASSINARI PD 03/18/2005