


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State


02-06-2006 90092 024 ***150.00

DOCUMENT # 460013 1. Entity Name M & F FABRICS INC.	
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Principal Place of Business 1 NORTH TAMiami TRAIL OSPNEY, FL 34229	Mailing Address 1 NORTH TAMiami TRAIL OSPNEY, FL 34229
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DO NOT WRITE IN THIS SPACE

40000000



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1547953	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILLER, MARK L
4949 MYAKKA VALLEY TRAIL
SARASOTA, FL 34241**

**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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAULMAN, JOHN G 7043 WILD HORSE CIRCLE SARASOTA, FL 00000, 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAULMAN, CATHERINE L 7043 WILD HORSE CIRCLE SARASOTA, FL 00000, 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, MARK L 4949 MYAKKA VALLEY TRAIL SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFC MILLER, JENA M 4949 MYAKKA VALLEY TRAIL SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFC FAULMAN, JOHN N 2103 SHAWNEE ST. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFC FAULMAN, ELIZABETH A 2103 SHAWNEE ST. SARASOTA, FL 34231

**DO NOT WRITE
IN THIS SPACE**

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:  **1/24/06 941 966 2117**

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