

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 545958

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**Entity Name:** CON FAB CORPORATION

**Current Principal Place of Business:**

20 AZALEA DR  
COCOA BCH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

20 AZALEA DR  
COCOA BCH, FL 32931

**New Mailing Address:**

**FEI Number:** 59-1862849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACKSON, RENATE  
20 AZALEA DR  
COCOA BEACH, FL 32931 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

**OFFICERS AND DIRECTORS:**

**Title:** TSD  
**Name:** JACKSON, RENATE  
**Address:** 20 AZALEA DR  
**City-St-Zip:** COCOA BCH, FL 00000, 32931

**Title:** P  
**Name:** JACKSON, RENATE  
**Address:** 20 AZALEA DR  
**City-St-Zip:** COCOA BCH, FL 00000, 32931

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:** RENATE JACKSON

PTSD

03/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date