

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90263 039 ***150.00

DOCUMENT # 849633

1. Entity Name
FABCO-AIR, INC.



Principal Place of Business
**3716 NE 49TH AVENUE
GAINESVILLE, FL 32609**

Mailing Address
**3716 NE 49TH AVENUE
GAINESVILLE, FL 32609**

00000336



01112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2118021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SCHMIDT, WILLIAM R**
STREET ADDRESS **3716 NE 49 AVENUE**
CITY-ST-ZIP **GAINESVILLE, FL**

TITLE **D** ☐ Delete
NAME **STUBBS, MICHAEL B**
STREET ADDRESS **777 3RD AVE 18TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10017**

TITLE **D** ☐ Delete
NAME **MARKS, PIERCE JR.**
STREET ADDRESS **91 BRISTLECONE COURT**
CITY-ST-ZIP **AUGUSTA, GA 30909**

TITLE **STD** ☐ Delete
NAME **EDWARDS, LOUIS**
STREET ADDRESS **1156 LULLWATER ROAD**
CITY-ST-ZIP **ATLANTA, GA 30307**

TITLE **D** ☐ Delete
NAME **RILEY, WILLIAM**
STREET ADDRESS **767 5TH AVENUE, 44TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10153**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **444 MADISON AVE**
STREET ADDRESS **33 FLOOR NY NY 10022**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1. 11.07 352 373-3578