

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003167

Entity Name: FATH, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

1687 TIMOCUAN WAY, SUITE 113
LONGWOOD, FL 32750

New Principal Place of Business:

6533 HAZELTINE NATIONAL DRIVE
SUITE#3
ORLANDO, FL 32822

Current Mailing Address:

1687 TIMOCUAN WAY, SUITE 113
LONGWOOD, FL 32750

New Mailing Address:

6533 HAZELTINE NATIONAL DRIVE
SUITE#3
ORLANDO, FL 32822

FEI Number: 76-0746190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CPST () Delete
Name: FATH, WIDO
Address: FATH GMBH, GEWERBEPARK HUGELMUHLE
City-St-Zip: 91174 SPALT, GERMANY,

Title: VCV () Delete
Name: MIRKO JAN FATH,
Address: FATH GMBH, GEWERBEPARK HUGELMUHLE
City-St-Zip: 91174 SPALT, GERMANY,

Title: CEO () Delete
Name: FINK, ARMIN J MR.
Address: 209 TOWN BRANCH TERRACE SW
City-St-Zip: LEESBURG, VA 20175 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CEO (X) Change () Addition
Name: FINK, ARMIN J MR.
Address: 6212 ANDREOZZI LN
City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARMIN FINK

CEO

01/09/2009

Electronic Signature of Signing Officer or Director

Date