


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005453 1. Entity Name FAYETTE RE-BAR, INC.	
---	---

Principal Place of Business 1700 JEP WHEELER ROAD WOODSTOCK, GA 30188	Mailing Address 1700 JEP WHEELER ROAD WOODSTOCK, GA 30188
---	---



03072006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1277153	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 SMITH, RICHARD 1849 CYPRESS LAKE ROAD LAKE WALES, FL 33898
--

**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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**1000101464478
03/21/06-80118-001 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CRAWFORD, JOSEPH 1700 JEP WHEELER ROAD WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV PATRICK, CLIFFORD 2472 TRELIS COURT SUWANNEE, GA 30174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRAWFORD, LINDA 1700 JEP WHEELER ROAD WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Linda Crawford* **LINDA CRAWFORD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06 678-867-2025

Date Daytime Phone #