

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004225

Entity Name: FAB III, INC.

FILED  
Jan 07, 2010  
Secretary of State

**Current Principal Place of Business:**

1207 CENTRAL AVENUE  
FORT DODGE, IA 50501

**New Principal Place of Business:**

**Current Mailing Address:**

1207 CENTRAL AVENUE  
FORT DODGE, IA 50501

**New Mailing Address:**

FEI Number: 27-0475958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FISHER, JOHN  
3360 PINE RIDGE ROAD  
NAPLES, FL 34109 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: D  
Name: SCHNURR, THOMAS G  
Address: 1207 CENTRAL AVENUE  
City-St-Zip: FORT DODGE, IA 50501

Title: PD  
Name: CRICKON, JAMES T  
Address: 1233 UNIVERISTY AVENUE, PO BOX 71156  
City-St-Zip: CLIVE, IA 50325 01

Title: ST  
Name: EPPS, LAURIE  
Address: 635 FIRST STREET  
City-St-Zip: WEBSTER CITY, IA 50595

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: JAMES T. CRICKON

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01/07/2010

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

\_\_\_\_\_  
Date