2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# F45946

Entity Name: FABRE ENGINEERING, INC.

Current Principal Place of Business:

119 GREGORY SQUARE
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

119 GREGORY SQUARE
PENSACOLA, FL 32502 US

New Mailing Address:

FEI Number: 59-2135118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINNE, WILLIAM V
127 SOUTH PALAFOX STREET
PENSACOLA, FL 32501 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: PD ( ) Delete
Name: FABRE, FRANK J
Address: 10171 NORIEGA LANE
City-St-Zip: PENSACOLA, FL 00000,

Title: V ( ) Delete
Name: PHILLIPS, WILLIAM V II
Address: 2352 ARRIVISTE WAY
City-St-Zip: PENSACOLA, FL 32504

Title: S ( ) Delete
Name: LONG, DALE E
Address: 1708 DAVID ST
City-St-Zip: PENSACOLA, FL 32514

Title: BM ( ) Delete
Name: FABRE, CHAD C
Address: 2987 GRAYSTONE DR
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: FRANK J. FABRE PD 04/07/2009

Electronic Signature of Signing Officer or Director Date