


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90042 016 ***150.00

DOCUMENT # F84793 1. Entity Name FABULA, INCORPORATED					
Principal Place of Business 3782 SE DIXIE HWY PORT SALERNO, FL 34992			Mailing Address 4969 S.E. DIXIE HIGHWAY P.O. BOX 1041 PORT SALERNO, FL 34992		
2. Principal Place of Business - No P.O. Box # 5683 S E Orange Blossom		3. Mailing Address Trail P.O. Box 1041			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hobe Sound, FL		City & State Port Salerno, FL		4. FEI Number 59-2204538	
Zip 33455		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34992		Country USA		6. Name and Address of Current Registered Agent COLE, THOMAS D 140 INTRACOASTAL PTE DR SUITE 305 JUPITER, FL 33477	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FABULA, THOMAS 4969 S.E. DIXIE HIGHWAY PT SALERON, FL 00000, <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fabula, Thomas R. 5683 SE Orange Blossom Trail Hobe Sound, FL 33455 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <u>Thomas R. Fabula</u> <u>Thomas R. Fabula</u> <u>1-17-08 (712) 287-6077</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					