2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H86351

Entity Name: FAB SERVCO, INC.

FILED Mar 16, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
800 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 US				201 SOUTH MONROE STREET 201 TALLAHASSEE, FL 32301 US			
Current Mailing Address:				New Mailing Address:			
800 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 US				201 SOUTH MONROE STREET 201 TALLAHASSEE, FL 32301 US			
FEI Number:	59-2767302	FEI Number Applied For ()	FEI Numb	oer Not Applic	cable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	1	Name and A	Address of	of New Registered Agent:	
ROBERTS, C. PATRICK 800 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 US				ROBERTS, C. PATRICK 201 SOUTH MONROE STREET 201 TALLAHASSEE, FL 32301 US			
The above in the State		Ibmits this statement for the purp	oose of	changing its	s registered	d office or registered agent, or both,	
SIGNATURE:				03/16/2006			
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VC () E BAUMAN, BILL 1021 N. WYMOR WINTER PARK, F		N #	Fitle: Name: Address: City-St-Zip:	BAUMAN, BI 1021 N. WYI		
Title: Name: Address: City-St-Zip:	P () E ROBERTS, PATR 800 NORTH CALL TALLAHASSEE, I	HOUN STREET	N A	Fitle: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	C () E EDEN, ADIB 2828 CORAL WA MIAMI, FL 33148		N A	Fitle: Name: Address: City-St-Zip:	HUNT, JOHN 3071 CONTI	(X) Change () Addition N IINENTAL DR. EACH, FL 33407	
Title: Name: Address: City-St-Zip:	()(Delete	۱ 4	Fitle: Name: Address: City-St-Zip:	S CAREY, BILI 4045 N. HIM TAMPA, FL	MES AVE.	
Title: Name: Address: City-St-Zip:	()[Delete	N #	Fitle: Name: Address: City-St-Zip:	T ROWBOTHA 404 W. LIME LAKELAND,	E STREET	

I hereby certify that the information supplied with this filing does not qualify for the 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:	C. PATRICK ROBERTS	Р	03/16/2006