## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H86351

Address:

City-St-Zip:

404 W. LIME STREET

LAKELAND, FL 33815

Entity Name: FAB SERVCO, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	e of Business:
201 SOUT 201	TH MONROE S	TREET		
	SSEE, FL 3230	01 US		
Current Mailing Address:			New Mailing Addre	ss:
	TH MONROE S	TREET		
201 TALLAHA	SSEE, FL 3230	01 US		
FEI Number	: 59-2767302	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	current Registered Agent:	Name and Address	of New Registered Agent:
201 SOUT 201 TALLAHA	S, C. PATRICK TH MONROE S SSEE, FL 3230	01 US	ournose of changing its register	red office or registered agent, or both
	e of Florida.	submits this statement for the p	outpose of changing its register	ed office of registered agent, or both
SIGNATU	RE:			
	Electron	ic Signature of Registered Age	ent	Date
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	C (X) BAUMAN, BILL 1021 N. WYMO WINTER PARK		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	ROBERTS, PAT	LHOUN STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VC () HUNT, JOHN 3071 CONTINE W. PALM BEAC		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	S (X) CAREY, BILL 4045 N. HIMES TAMPA, FL 336		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	T () ROWBOTHAM,	Delete ART	Title: Name:	( ) Change ( ) Addition

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.

Address:

City-St-Zip:

SIGNATURE: C. PATRICK ROBERTS P 04/29/2009