

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # K66587

1. Entity Name
**FABRICATION ANALYSIS CONSTRUCTION TEAM, INC.
OF FLORIDA**



Principal Place of Business
**1987 TRAILS END ROAD
GOODVIEW, VA 24095**

Mailing Address
**1987 TRAILS END ROAD
GOODVIEW, VA 24095**



07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1990609	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILBURN, VAUGHN
3817 ERIC COURT
LAKELAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILBURN, VAUGHN E.
STREET ADDRESS	1987 TRAILS END ROAD
CITY- ST- ZIP	GOODVIEW, VA 24095

TITLE	V
NAME	WILBURN, BILL J.
STREET ADDRESS	738 ASBURY LANE
CITY- ST- ZIP	TROUTVILLE, VA 24175

TITLE	ST
NAME	WILBURN, ANNE
STREET ADDRESS	1987 TRAILS END ROAD
CITY- ST- ZIP	GOODVIEW, VA 24095

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Anne P. Wilburn* **Anne P. WILBURN** **7-25-05 (540) 2977647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #