

FOR PROFIT CORPORATION**2006 ANNUAL REPORT (AR)****FILED**
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90388 002 ***150.00

DOCUMENT # **K67123**

1. Entity Name

FABRION INTERIOR REPAIR OF TAMPA BAY, INC.**DO NOT WRITE IN THIS SPACE****40057199**

2. Principal Place of Business

2005 KIOWA LN.
Suite, Apt. #, etc.
VALRICO, FL.
City & State

3. Mailing Address

P.O. BOX 2188
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

City & State

BRANDON, FL.

4. FEI Number

59-294-1474

Applied For

Not Applicable

Zip

Country

Zip

Country

33594**HILLSBOROUGH****33509****HILLSBOROUGH**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

JEANETTE R. COOK

Street Address (P.O. Box Number is Not Acceptable)

2005 KIOWA LN.

City

VALRICO

FL

Zip Code

33594

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

January 1 - May 1 Fee is \$150.00**After May 1, Fee is \$550.00****Amended AR is \$61.25****Make Check Payable to Florida Department of State**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JEANETTE R. COOK, PRES.
2005 KIOWA LN.
VALRICO, FL. 33594TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECY. TREAS.
ALEXIS COOK
2005 KIOWA LN
VALRICO, FL. 33594TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JEANETTE R. COOK**4-18-06 813-653-2526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**