2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90089 050 ***158.75

DOCUMENT # L51135

1. Entity Name
FABEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% EDWARD A. STRACHAN 5385 DRAKE LANE MILTON, FL 32570	% EDWARD A. STRACHAN 5385 DRAKE LANE MILTON, FL 32570

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5312 HAMILTON BRIDGE RD Suite, Apt. #, etc.	5312 HAMILTON BRIDGE RD Suite, Apt. #, etc.
City & State: MILTON FL	City & State: MILTON FL
Zip: 32570 Country: SANTA ROSA	Zip: 32570 Country: SANTA ROSA

4. FEI Number: 59-2992099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRACHAN, EDWARD A. 5385 DRAKE LANE MILTON FL, FL 32570	Name: JOHN FOSTER PRESTON Street Address (P.O. Box Number is Not Acceptable): 5312 HAMILTON BRIDGE RD City: MILTON FL Zip Code: 32570

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: Edward C. Strachan / John Foster Preston 3 JAN 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PST STRACHAN, EDWARD A. 5385 DRAKE LANE MILTON FL,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Preston, John Foster 5312 Hamilton Bridge Rd Milton FL 32570	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC PRESTON, JOHN FOSTER 5312 HAMILTON BRIDGE RD. MILTON FL,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESTON, BETTY L. 5312 HAMILTON BRIDGE RD. MILTON,FL,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRACHAN, ELIZABETH B. 5385 DRAKE LANE MILTON FL,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: John Foster Preston 1-25-05 8506236834 8505722477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John Foster Preston