


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90031 027 ***158.75

DOCUMENT # L65304 1. Entity Name FABIAN CONSTRUCTION, INC.	
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Principal Place of Business 2631 SE 58 AVE OCALA, FL 34471-6447	Mailing Address 2631 SE 58 AVE OCALA, FL 34471-6447
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50007124



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3003924	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FABIAN, JOHN E JR. 4802 SE 12 PLACE OCALA, FL 34471
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**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: _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS FABIAN, JOHN E. JR. 4802 SE 12 PLACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FABIAN, DEBBIE A 4802 SE 12 PLACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FABIAN, JOHN ERIC 175 ALMOND RD. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DINKINS, JOHN CHAPLIN 1518 SE 12 STREET OCALA, FL 34471
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20/2005

Date

Daytime Phone #