2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L65304

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

OCALA, FL 34471

() Delete

DINKINS, JOHN CHAPLIN

1518 SE 12 STREET

OCALA, FL 34471

FILED Jan 10, 2006 Secretary of State

Entity Nai	me: FABIAN	CONSTRUCTION, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
2631 SE 5 OCALA, FI	8 AVE L 344716447						
Current Mailing Address:			New Mailing Address:				
2631 SE 5 OCALA, FI	8 AVE L 344716447						
FEI Number	: 59-3003924	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desire	d()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	OHN E JR. 12 PLACE L 34471 US	3					
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent,	or both,	
SIGNATU	RE:						
	Electror	nic Signature of Registered Ag	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PTS (FABIAN, JOHN 4802 SE 12 PL OCALA, FL 34	ACE	Title: Name: Address: City-St-Zip:	PTS (FABIAN, JOHI 2931 SE 49TH OCALA, FL 3	HAVE.		
Title: Name: Address: City-St-Zip: Title:	FABIAN, DEBB 4802 SE 12 PI OCALA, FL 34	_ACE	Title: Name: Address: City-St-Zip: Title:	FABIAN, DEB 2931 SE 49T OCALA, FL 3	H AVE.		
Name:	FABIAN, JOHN	ERIC	Name:	FABIAN, JOH	NERIC		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

OCALA, FL 34471

() Change () Addition

SIGNATURE: JOHN E. FABIAN JR. PTS 01/10/2006