

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90010 032 \*\*\*150.00

**DOCUMENT # M79854**

1. Entity Name  
**FABRI-TECH, INC.**



Principal Place of Business

% WILLIAM D. BROWN  
PO BOX 299  
MULBERRY, FL 33860

Mailing Address

% WILLIAM D. BROWN  
5556 HIGHLAND VISTA CIRCLE  
LAKELAND, FL 33813



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2888195**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, WILLIAM D.  
5556 HIGHLAND VISTA CR  
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 \$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	DP
NAME	BROWN, WILLIAM D
STREET ADDRESS	5556 HIGHLANDS VISTA CIRCLE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	DVP
NAME	BROWN, STEVEN D
STREET ADDRESS	4611 CALHOUN RD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	STD
NAME	BROWN, WILMA J
STREET ADDRESS	5556 HIGHLAND VISTA CIRCLE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	DVP
NAME	BROWN, LAMAR A
STREET ADDRESS	158 OAK SQUARE SOUTH 5548 Woodwind Hills Dr.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	STD
NAME	FOWLER, JOY B
STREET ADDRESS	5523 HIGHLANDS VISTA CIR
CITY-ST-ZIP	LAKELAND, FL 33813
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:**

*William D. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-5-05* 863-425 3533  
Date Daytime Phone #