2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # M79854

1. Entity Name
FABRI-TECH, INC.

Principal Place of Business	Mailing Address
% WILLIAM D. BROWN PO BOX 299 MULBERRY, FL 33860	% WILLIAM D. BROWN 5556 HIGHLAND VISTA CIRCLE LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000590118
01/18/07-80043-010 150.00

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	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 exemptions contained 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 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: W. D. Brown W. D. Brown, President 01/15/07 (863)425-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #