

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80235

FILED
Jan 25, 2005
Secretary of State

Entity Name: FABRICANT, WEISSMAN & DARBY, P.A.

Current Principal Place of Business:

C/O HAROLD W. MULLIS, JR.
2002 N. LOIS AVE., SUTIE 630
TAMPA, FL 33607

New Principal Place of Business:

2002 N. LOIS AVE
SUITE 630
TAMPA, FL 33607

Current Mailing Address:

C/O HAROLD W. MULLIS, JR.
2002 N. LOIS AVE., SUTIE 630
TAMPA, FL 33607

New Mailing Address:

2002 N. LOIS AVE
SUITE 630
TAMPA, FL 33607

FEI Number: 59-2887694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLIS, HAROLD W., JR.
2700 BARNETT PLAZA
101 EAST KENNEDY BLVD.
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FABRICANT, NEIL H.,
Address: 2002 N LOIS AVE ST 630
City-St-Zip: TAMPA, FL 33607

Title: DV () Delete
Name: WEISSMAN, CHARLES
Address: 2002 N LOIS AVE #630
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FABRICANT, NEIL H PRES
Address: 2002 N LOIS AVE ST 630
City-St-Zip: TAMPA, FL 33607

Title: DV (X) Change () Addition
Name: WEISSMAN, CHARLES B V.P.
Address: 2002 N LOIS AVE #630
City-St-Zip: TAMPA, FL 33607

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

SIGNATURE: NEIL FABRICANT

PRES

01/25/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date