

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002704

1. Entity Name
FAYALOBI CORPORATION



Principal Place of Business

**P.O. BOX 1405
VALRICO, FL 33595**

Mailing Address

**P.O. BOX 1405
VALRICO, FL 33595**

DO NOT WRITE IN THIS SPACE



02212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0844190

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAN ECKELEN, EMANUEL
13140 ENCHANTMENT DRIVE
SPRING HILL, FL 34609**

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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

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**PD
BUDEL, SANDRA
3114 PARTRIDGE POINT TRAIL
VALRICO, FL 33594**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
NIEUWENDAM, ANTHONY
6209 WHIMBREL WOOD DR
LITHIA, FL 33547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LIFOSJOE, TRUUS
22216 BEL HARBOR DRIVE
LAND O LAKES, FL 34639**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KERSTER, LYDIA
15918 PIDDLIN PND LANE
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000451431
03/10/06-80042-017 70.00

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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 617, 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

2-28-06 813-843-4703

Date

Daytime Phone