2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P00000019697

Entity Name: F.A.B. ENTERPRISES, INC.

Current Principal Place of Business:

1873 S US HWY 19-92
LONGWOOD, FL 327506545

New Principal Place of Business:

1873 S US HWY 17-92
LONGWOOD, FL 327506545 US

Current Mailing Address:

P.O. BOX 52-0441
LONGWOOD, FL 327500441

New Mailing Address:

P.O. BOX 52-0441
LONGWOOD, FL 32750441

FEI Number: 59-3627307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, WILLIAM E
878 WOLF TRAIL
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

COZZENS, WILLIAM E
P O BOX 103
SORRENTO, FL 32776 US

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: WILLIAM E COZZENS 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COLLINS, WILLIAM E
Address: 878 WOLF TRAIL
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Delete
Name: RALSTON, FAITH C
Address: 1920 LAKE RESERVOIR LN
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COZZENS, WILLIAM E
Address: 878 WOLF TRAIL
City-St-Zip: CASSELBERRY, FL 32707

Title: ST (X) Change ( ) Addition
Name: RALSTON, FAITH C
Address: 1920 LAKE RESERVOIR LN
City-St-Zip: SANFORD, FL 32773

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: FAITH C RALSTON ST 04/29/2004
Electronic Signature of Signing Officer or Director Date