

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019697

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

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

22640 ROCKLAND AVE  
SORRENTO, FL 32776 US

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 59-3627307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

RALSTON, FAITH C  
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: FAITH C. RALSTON

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PST (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

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date