2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

	AMENDED AN	NUAL REPUR	I	_	
DOCUMENT # P0000023363 1. Entity Name				FILED	
FABRY F	INISH CARPENTRY, INC.			- AUC 29 AM 8: 14	
Principal Place	e of Business	Mailing Address		SECULIARY OF STATE TALLAHASSEE, FLORIDA	
3723 LIBERT	-	3723 LIBERTY SQUARE		SELINE IN SECURIOR ORIDA	
FT. MYERS, F		FT. MYERS, FL 33908		TALLAHASSEE	
	-			(16 0 10 E) HIL SIEHL SIEHL BEHN BEHN BEHN BEHN HESSE JIHRE HIKE SHARE HIKER IN BESL	
2. Principal P	lace of Business	3. Mailing Address	0 0		
13750	Ox Bow Rd	13750 Ox	BOW Rd	(1981) 60 11 4811 4811 5811 6811 6811 6811 6811 6811 681 681 681	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	08242005 Chg-P CR2E034 (10/03)	
City & Star		City & State	 -	4. FEI Number Applied For	
Fort	Myers FL	Fort Muer	SFL	65-0984841 Not Applicable	
Zip	Country	'E'	Country	5. Certificate of Status Desired S8.75 Additional	
_3390	5 LCC 6. Name and Address of Current	33905 Begistered Agent	Lee	7. Name and Address of New Registered Agent	
			Name	Hamo and Made to the Medical of Made	
FABRY, TO			Charact Address	and ADO. Day Niverbasis Mat Associables	
13750 OX BOW ROAD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
FORT MYERS, FL 33905					
			City	FL Zip Code	
A The share					
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 d applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Amended AR Is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10,	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	Change Additio	
NAME STREET ADDRESS	FABRY, TODD R 3723 LIBERTY SQUARE		NAME STREET ADDRESS	3750 O+BOW Rd	
CITY-ST-ZIP	FF. MYERS, FL 33908		CITY-ST-ZIP	3750 0 + BOW KO Fort Myers EL 33905	
TITLE	VP	☐ Delete	TITLE V	Change Additio	
NAME	FABRY, BRENDA		NAME -	aboy Bow Rd	
STREET ADDRESS CITY-ST-ZIP	3723 LIBERTY SQUARE FORT MYERS, FL 33908		STREET ADDRESS \ Z	3750 Ox BOW Rd	
TITLE	1 9,44 (4,12,13,12,00000	☐ Delete	TITLE	Change Addition	
NAME		⊨⊒ DGGU	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	09/01/0501028020 **70.00	
TITLE NAME		☐ Delete	TITLE NAME	Change Additio	
STREET ADDRESS			STREET ADDRESS	<u>.</u>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change Addition	
NAME STREET ADDRESS	•		NAME Street Address	///W/// XX	
CITY-ST-ZIP			CITY-ST-ZIP	/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
TITLE		☐ Delete	TITLE	☐ Charle ☐ Additio	
NAME .			NAME .	(/\)	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP	\smile	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: (()) / 1/27 2127					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Office Project Day Office Project					
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