2007 FOR PROFIT CORPORATION

FILED Mar 14, 2007 08:00 AM Secretary of State

ANNOAL REPORT						
DOCUMENT # P020 1. Entity Name ROBERT F WYATT FAB INC						
Principal Place of Business	Mailing Address					
1804 TURKEY CREEK RD. PLANT CITY, FL 33567	P.O. BOX 2074 PLANT CITY, FL 33564-2074	:				



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

No Chg-P CR2E034 (11/05) 03082007

Applied For 4. FEI Number 72-1539069 Not Applicable \$8.75 Additional Fee Required

5. Certificate of Status Desired

WYATT, ROBERT F 1804 TURKEY CREEK RD.

PLANT CITY, FL 33567

DO NOT WRITE IN THIS SPACE

			III TIIIS SPACE		
	named entity submits this statement for the ptions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tale	f applicable (NOTE Registered	Agent signature	e required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	TORS		-	
NAME STREET ADDRESS CITY-ST-ZIP	PVPS WYATT, JENNI R 1804 TURKEY CREEK RD PLANT CITY, FL 33567				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		i			U00000665139 03/23/07-80016-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with this fi	ling does not qualify for the exe	mptions cou	ntained in Chapter 119, ve the same legal effect	Florida Statutes. I further certify that the information as if made under eath; that I am an officer or director

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal enect as it made under oath, that it am an onicer or intercorrect 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:

NATURE AND TYPED OR PRINTED NAME OF BIGINING OFFICER OR DIRECTOR

<u>3-12-</u>07

Daytime Phone #