


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90023 033 \*\*\*150.00

<b>DOCUMENT # P02000116460</b> 1. Entity Name ROBERT F WYATT FAB INC.	
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Principal Place of Business 1804 <del>TURKEY CREEK RD.</del> PLANT CITY, FL 33567	Mailing Address P.O. BOX 2074 PLANT CITY, FL 33564-2074
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40064068



03132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 72-1539069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <del>WYATT, ROBERT F</del> <del>1804 TURKEY CREEK RD.</del> <del>PLANT CITY, FL 33567</del> WYATT Robert F 12136 McIntosh Road Thonotassa FL 33592	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE 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	D WYATT, ROBERT F P. O. BOX 2074 PLANT CITY, FL 33564
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>MOON, ALAN D</del> <del>5302 FULLWOOD DRIVE</del> <del>PLANT CITY, FL 33565</del> NO MORE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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: Jenni Wyatt 3-25-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #