


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90042 016 ***150.00

DOCUMENT # P03000058225								
1. Entity Name FABRICATORS, INC.								
Principal Place of Business 124 INDUSTRIAL RD. BIG PINE KEY, FL 33043		Mailing Address 124 INDUSTRIAL RD. BIG PINE KEY, FL 33043						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country	4. FEI Number 43-2024020 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not Applicable</td> <td><input type="checkbox"/></td> </tr> </table>	Applied For	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Applied For	<input type="checkbox"/>							
Not Applicable	<input type="checkbox"/>							
5. Certificate of Status Desired <input type="checkbox"/>		03212006 Chg-P CR2E034 (11/05) \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
SILAR, SUSAN J 124 INDUSTRIAL RD. BIG PINE KEY, FL 33043				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City				
				FL Zip Code				
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 _____ DATE _____								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D <input type="checkbox"/> Delete	TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	SILAR, LYNWOOD R	NAME						
STREET ADDRESS	124 INDUSTRIAL RD.	STREET ADDRESS						
CITY-ST-ZIP	BIG PINE KEY, FL 33043	CITY-ST-ZIP						
TITLE	D <input type="checkbox"/> Delete	TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	SILAR, SUSAN J	NAME						
STREET ADDRESS	124 INDUSTRIAL RD.	STREET ADDRESS						
CITY-ST-ZIP	BIG PINE KEY, FL 33043	CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		NAME						
STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		NAME						
STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		NAME						
STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
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: <i>Susan J. Silar</i>		SUSAN J. SILAR, Director		4/3/06 (305) 872-0307				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #				