


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000060009		
1. Entity Name THE FAIR STORE, INC.		
Principal Place of Business 123 N JEFFERSON ST PERRY FL 32347	Mailing Address 123 N JEFFERSON ST PERRY FL 32347	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country



1st MOORE CR2E034 (10/07)

4. FEI Number 75-3140858		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
<table style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">6. Name and Address of Current Registered Agent</td> <td style="width: 50%; padding: 5px;">7. Name and Address of New Registered Agent</td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> FAULKENBERRY, MARSHA D 2131 ORLEANS DR TALLAHASSEE FL 32308 </td> <td style="padding: 5px; vertical-align: top;"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>			6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	FAULKENBERRY, MARSHA D 2131 ORLEANS DR TALLAHASSEE FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent					
FAULKENBERRY, MARSHA D 2131 ORLEANS DR TALLAHASSEE FL 32308	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: **4/23/08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P FAULKENBERRY, MARSHA D 2131 ORLEOUS DR TALLAHASSEE FL 32308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000928965 05/21/08-80050-011 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **MARSHA D. Faulkenberry**  DATE: **4/23/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR