2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000089441

1. Entity Name
FARABY INC

Principal Place of Business	Mailing Address
17844 NE HWY 69 BLOUNTSTOWN, FL 32424 US	P O. BOX 532 BLOUNTSTOWN, FL 32424 US

04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2110375

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRANTHAM, BONITA J
20454 NE FINLEY AVE.
BLOUNTSTOWN, FL 32424

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $350.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	FARUQUI, BILAL PRES
STREET ADDRESS	17844 NE HWY 69
CITY-ST-ZIP	BLOUNTSTOWN FL 32424
TITLE	VP
NAME	ABBEY, ASHKAN VP
STREET ADDRESS	2946 GOLDEN EAGLE DRIVE E
CITY ST ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/27/05-80030-006 150.00

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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: X _____ 4/25/05 850-674-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED AGENT — Date — Daytime Phone #