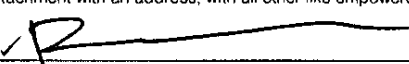


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90037 021 ***150.00

DOCUMENT # P04000070845 1. Entity Name FABBRO, INCORPORATED					
Principal Place of Business 603 N 16TH AVE PENSACOLA, FL 32501			Mailing Address PO BOX 17312 PENSACOLA, FL 32522		
2. Principal Place of Business 3905 IDLEWOOD DR Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State PENSACOLA FL			City & State		
Zip 32505		Country USA		4. FEI Number 54-2161069	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FABBRO, ROBERT A 1620 E SCOTT ST PENSACOLA, FL 32503			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FABBRO, ROBERT A 1620 E SCOTT ST PENSACOLA, FL 32503 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 3905 IDLEWOOD DR PENSACOLA FL 32505 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, FRANKLIN S 503 N 16TH AVE PENSACOLA, FL 32501 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FABBRO, ROBERT E 2015 E JORDAN ST PENSACOLA, FL 32503 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Robert Fabbro		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/14/05 Daytime Phone #		

50015930



02082005 Chg-P CR2E034 (10/03)