

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-20-2005 90354 001 ***150.00

DOCUMENT # P04000124282

1. Entity Name
DISPLAYFAB, INC.



Principal Place of Business
**2104 WHITLOCK PLACE
DOVER, FL 33527**

Mailing Address
**2104 WHITLOCK PLACE
DOVER, FL 33527**

66010144



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-1583355

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ -

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, MICHAEL D
2104 WHITLOCK PLACE
DOVER, FL 33527**

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

Signature, typed or printed name of registered agent and title if applicable.

(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	D	<input type="checkbox"/> Delete
NAME	THOMAS, MICHAEL D	
STREET ADDRESS	2104 WHITLOCK PLACE	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOLL, FRED	
STREET ADDRESS	4211 W. PALMIRA AVENUE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	Kimberly Bellis	
STREET ADDRESS	805 College Ave West	
CITY-ST-ZIP	Ruskin, FL 33570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

Kimberly Bellis **Kimberly Bellis** 3/23/05 800 973 2600