

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90238 045 ***150.00

DOCUMENT # P04000171481

1. Entity Name
MO-FO-FAB INC.



Principal Place of Business
**10473 CROMWELL GROVES TERRACE
ORLANDO, FL 32827**

Mailing Address
**10473 CROMWELL GROVES TERRACE
ORLANDO, FL 32827**

40035



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-2089089

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

**COMINS, CHRISTOPHER M
10473 CROMWELL GROVES TERRACE
ORLANDO, FL 32827**

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, 2006 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/S
**COMINS, CHRISTOPHER M
10473 CROMWELL GROVES TERRACE
ORLANDO, FL 32827** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.S.D
Comins, C.
10473 Cromwell Groves Terrace
Orlando, FL 32827** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Comins

3-6-2006

407-859-3954

Date

Daytime Phone #

ATTACHMENT

CARLA DELOACH BRYANT

ATTORNEYS & COUNSELORS AT LAW, P.A.

January 31, 2006

400 38 580
#P040001714P1

Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Annual Business Report for Mo-Fo-Fab, Inc.

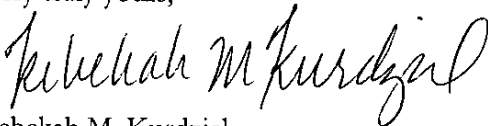
Dear Sir or Madam:

Enclosed please find the 2006 Uniform Business Report for Mo-Fo-Fab, Inc. and a check, made payable to the Florida Department of State, in the amount of one hundred fifty dollars (\$150.00).

If you have any questions regarding this filing, please contact my office.

I remain

Very truly yours,



Rebekah M. Kurdziel
For the Firm

RMK/kn
enclosures