

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 22, 2006 8:00 am
Secretary of State**

03-22-2006 90003 032 ***150.00

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1. Entity Name
DR. FAB FAIRGRIEVE, P.A.

Principal Place of Business
2836 SHENANDOAH RD.
DELAND, FL 32720 US

Mailing Address
2836 SHENANDOAH RD.
DELAND, FL 32720 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03082006 Chg-P CR2E034 (11/05)

4. FFI Number
20-2331862

Applied For
Not Applicable

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

FAIRGRIEVE, FABIOLA
2836 SHENANDOAH RD.
DELAND, FL 32720

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 P
NAME FAIRGRIEVE, FABIOLA
STREET ADDRESS 2836 SHENANDOAH RD.
CITY-ST-ZIP DELAND, FL 32720

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
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CITY-ST-ZIP

Change Addition

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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 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

3/5/06

Date

Daytime Phone #