-2096 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 03, 2006 08:00 AM DOCUMENT # P20286 **Secretary of State** 1. Entity Name FAIRVIEW INDUSTRIES, INC. Principal Place of Business Mailing Address 2500 W LAKE MARY BLVD 2500 W. LAKE MARY BLVD SUITE 111 LAKE MARY FL 32746-3501 LAKE MARY FL 32746-3501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 62-0944149 Not Applicable Cauntry \$8.75 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name WALTHER, PATRICK B Street Address (P.O. Box Number is Not Acceptable) 2500 W LAKE MARY BLVD SUITE 111 LAKE MARY FL 32746 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. Election Campaign Financing \$5.00 May E: After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. 🛚 🔲 Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Change L Advice PD ☐ Delete TITLE TITLE U00000416293 02/13/06-80010-017 150.00 NAME WALTHER, PATRICK NAME STREET ADDRESS 2500 WEST LAKE MARY SUITE 111 STREET ADDRESS CHY-ST-ZIP LAKE MARY FL 32746 CITY-SI-ZIP Change Addition TITLE **VPD** ☐ Delete TITLE NAME WALTHER, DOROTHY NAME STREET ADDRESS STREET ADDRESS 2500 WEST LAKE MARY BLVD., SUITE 111 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 TITLE Detete □ Change ☐ Additio VED NAME NAME ROBERT, WALTHER N STREET ADDRESS STREET ADDRESS 2500 WEST LAKE MARY BLVD., SUITE 111 CITY - ST- ZIP City-St-ZP LAKE MARY FL 32748 TITLE ☐ Change ☐ Marrie TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-St-ZIP □ A. ···· ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-TIP Change TITLE Delete THILE MAME NAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

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