


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90140 044 ***150.00

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|---|--|---|--|--|--|
| DOCUMENT # P94000034141 1. Entity Name FAIRBANKS LTD., INC. | | | |  | |
| Principal Place of Business 1573 W. FAIRBANKS AVENUE SUITE 200 WINTER PARK, FL 32789 US | | | Mailing Address 1573 W. FAIRBANKS AVENUE SUITE 200 WINTER PARK, FL 32789 US | | |
| 2. Principal Place of Business 702 Fair Oaks Lane Suite, Apt. #, etc. City & State Maitland, FL Zip 32751 Country | | 3. Mailing Address 605 E. Robinson St. Suite, Apt. #, etc. Suite 420 City & State Orlando, FL Zip 32801 Country Orange | |  | |
| 4. FEI Number 59-3238162 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 04292005 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent SATTIZAHN, MARIA L 215 QUAYSIDE CIRCLE MAITLAND, FL 32701 | | | 7. Name and Address of New Registered Agent Name Pino Y Torres, Jose L. Street Address (P.O. Box Number is Not Acceptable) 702 Fair Oaks Lane City Maitland FL Zip Code 32751 | | |
| 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. <input type="checkbox"/> \$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 PINO Y TORRES, JOSE L. <input type="checkbox"/> Delete 702 FAIR OAKS LANE MAITLAND, FL 32751 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input checked="" type="checkbox"/> Delete SATTIZAHN, MARIA L 215 QUAYSIDE CIRCLE MAITLAND, FL 32751 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> _____ <small>Daytime Phone #</small> _____ | | | | | |

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