2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025132

Entity Name: FABACCO. INC

FILED Feb 02, 2005 Secretary of State

Entity Name: FABACCO, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
360 CENTRAL AVE 1320 SAINT PETERSBURG, FL 33701			360 CENTRAL AVE 1560 ST PETERSBURG, F		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 59 NORTHVIL	54 LLE, MI 48167	US			
FEI Number:	65-0571603	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
DELANO, G. KRISTIN STONE, BIBER, O'TOOLE & DELANO, PL 360 CENTRAL AVE STE 1320 SAINT PETERSBURG, FL 33701 US			BIBER, O'TOOLE,DE 360 CENTRAL AVE S	DELANO, G. KRISTIN BIBER, O'TOOLE,DELANO & FOWLER, PL 360 CENTRAL AVE STE 1560 ST PETERSBURG, FL 33701 US	
	named entity s of Florida.	ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				02/02/2005	
	Electroni	c Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DC () MANNING, THOI PO BOX 554 NORTHVILLE, M		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () MANNING, TERI PO BOX 554 NORTHVILLE, M		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () MOWINSKI, JOS PO BOX 554 NORTHVILLE, M		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () BIBER, MICHAE	Delete L J	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TERRANCE J MANNING P 02/02/2005

2701 TROY CENTER DR #400

TROY, MI 48084

Address:

City-St-Zip: