2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P95000025132

1. Entity Name
FABACCO, INC.

Principal Place of Business	Mailing Address
360 CENTRAL AVE 1560 ST PETERSBURG, FL 33701	PO BOX 554 NORTHVILLE, MI 48167 US

04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0571603
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELANO, G. KRISTIN
BIBER, O'TOOLE,DELANO & FOWLER, PL
360 CENTRAL AVE STE 1560
ST PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE

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 IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	MANNING, THOMAS J
STREET ADDRESS	PO BOX 554
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	DP
NAME	MANNING, TERRANCE J
STREET ADDRESS	PO BOX 554
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	ST
NAME	MOWINSKI, JOSEPHINE A
STREET ADDRESS	PO BOX 554
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	D
NAME	BIBER, MICHAEL J
STREET ADDRESS	2701 TROY CENTER DR #400
CITY-ST-ZIP	TROY, MI 48084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000895610
04/24/08-80074-015 150.00

DO NOT WRITE IN THIS SPACE

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: Terrance Manning 4/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #