AUG-24-2006 06:45 AM SOBIKSUBSWINTERPARK

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Sep 05, 2006 8:00 am
Secretary of State
05-09-2006 90074 037 ***150.00

5/9/.

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S28363

1. Entity Name
SOBIK'S OF FAIRBANKS, INC.

Principal Place of Business
1051 W. FAIRBANKS AVE.
WINTER PARK, FL 32789

Mailing Address
1051 W. FAIRBANKS AVE.
WINTER PARK, FL 32789

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3614 Lakeview Drive	3614 Lakeview Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, Florida	City & State: Apopka, Florida
Zip: 32703 Country	Zip: 32703 Country

4. FEI Number: 59-3043325 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SOBIK-BROSSEAU, DEBORAH
1051 W. FAIRBANKS AVE.
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOBIK-BROSSEAU, DEBORAH 1051 W. FAIRBANKS AVE. WINTER PARK, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President 3614 Lakeview Drive Apopka, Florida 32703 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Deborah Sobik — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-06 (Date) 407-682-6054 (Daytime Phone #)