## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Feb 17, 2005 08:00 AM Secretary of State

2/14/05 407-328-3155

1. Entity Nar ACOUST	FICFAB, INC.	lailing Address		· · · · · · · · · · · · · · · · · · ·	· · · Se	cretary	of State
110 KEYES SANFORD, F	ar 🚞 ning ng ng	ing Address 10 KEYES CT SANFORD, FL 32773 US					
<b>C</b>	OO NOT WRITE II		CE	02142005  4. FEI Numbe 59-3107	No Chg-P	CR2E034 (10/0	Applied For Not Applicable Additional
BRIM, JOI 161 E ROS ORANGE		. <del>.</del>		*	NOT WI		
the obligation	e named entity subtritis this statement for the titions of registered agent.  Signature, typed or printed name of registered agent and title	a de la companya de l	 d Agent signatura require	ed when reinstating)	n, in the State of Flor	ida. I am familiar w	th, and accept
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribu				5.00 May Be ided to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEKWINSKI, JULIUS C. 746 BEAR CREEK CIRCLE WINTER SPRINGS, FL 32708	CTORS				32509	e successive design
NAME STREET ADDRESS CHY-ST-ZIP	MEKWINSKI, EWA M 746 BEAR CREEK CIRCLE WINTER SPRINGS, FL 32708			der er en	02/1 <b>7/05-</b> E	UUU5-UU5 1	50.00
NAME Street Address City-St-Zip			managana et a a a a a a	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					'HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				sav	· .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the correctanged,	pertify that the information supplied with this fi on this report or supplemental reportife rue a poration or the receiver or trustee emby rere or on an attachment within address with all	ling does not qualify for the exer and accurate and that my signat to execute this report as requir other like empowered.	nption stated in S ure shall have the ed by Chapter 60	action 110 07(3)(i)	Florida Statutae 1 f	uthor partifu that the	e information er or director or Block 11 if