

FOR PROFIT CORPORATION
2006 ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90388 027 ***150.00

DOCUMENT # **596087**

1. Entity Name
FABRION 05 CLEARWATER, INC.



DO NOT WRITE IN THIS SPACE

40057198

2. Principal Place of Business
2005 Kiowa Ln.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2188
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State
VALRICO, FL.
Zip
33594

City & State
BLANDON, FL.
Zip
33509

4. FEI Number
59-3093412
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

Name and Address of Current Registered Agent
Name
JEANETTE R. COOK
Street Address (P.O. Box Number is Not Acceptable)
2005 Kiowa Ln.
City
VALRICO FL Zip Code
33594

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 _____
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JEANETTE R. COOK 2005 Kiowa Ln. VALRICO, FL. 33594	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECY-TREAS. ALEXIS M. COOK 2005 Kiowa Ln. VALRICO, FL. 33594	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jeanette R. Cook** 4-18-06 813-653-2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #