

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V14971

FILED
Mar 05, 2009
Secretary of State

Entity Name: FAB-TECH SUPPLY, INC.

Current Principal Place of Business:

5151 SUNBEAM RD
UNIT 11
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

11315 DISTRIBUTION AVENUE, EAST
JACKSONVILLE, FL 32256 US

Current Mailing Address:

P.O. BOX 23325
JACKSONVILLE, FL 322413325

New Mailing Address:

FEI Number: 59-3108329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSSEY, MARTIN M., JR.
9542 BEAUCLERC COVE RD.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUSSEY, MARTIN M., J, R.
Address: 9542 BEAUCLERC COVE RD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: HULLENDER, CHARLES T, , JR
Address: 5230 LOSCO RD.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CHARLES T HULLENDER, JR

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date