2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

DOCUMENT # P97000107593 1. Entity Name DONALD SABA AND ASSOCIATES, INC.						02-02-2004 90	0017 017 *	**150.0	00	
Principal Place 1055 SOUTH SARASOTA, F	TAMIAMI TRAIL SUITE 106	Mailing Address 1845 MORRILL ST. SARASOTA, FL 34236				ENI JERM BRIS BUIL GOVE	IN MUNICIPAL CONTRACTOR IN MUNICIPAL CONTRACTOR IN MUNICIPAL CONTRACTOR IN CONTRACTOR	1711 2 141 Su 100		
2. Principal Pi	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232004	Chg-P	CR2E034	(10/03)		
City & State	3	City & State		4. FEI Number 65-0808	440			plied For		
Zip	Country	Zip	Zip Coun			Status Desired		3.75 Add Required	litlonal	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re				
	or Marino and Madelada or adition	iogistorea rigent		Name	1. Italiic and 2	indicas di Non III	egistered Age			
SABA, RICHARD D ESQ 2033 MAIN STREET SUITE 303 SARASOTA, FL 34237				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 life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Glafter May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.										
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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 Block 11 if changed, or on an attachment that an another like empowered.

SIGNATURE: