

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # G60970

1. Entity Name

SABER DEVELOPMENT, INC.



Principal Place of Business

40 N.W. LINCOLN DRIVE
FORT WALTON BEACH FL 32547
US

Mailing Address

P.O. BOX 1075
FORT WALTON BEACH FL 32549
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2325674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, STEPHEN M
1455 NAUTILUS DRIVE
NAVARRE FL 32566

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, 2005 Fee Will Be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, STEPHEN M	
STREET ADDRESS	1455 NAUTILUS DR	
CITY-STATE-ZIP	NAVARRE FL 32566	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, OMA B	
STREET ADDRESS	229 ALCONESSE AVENUE SE UNIT E	
CITY-STATE-ZIP	FORT WALTON BEACH FL 32548	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, MICHAEL C	
STREET ADDRESS	554 CORAL CT UNIT 206	
CITY-STATE-ZIP	FORT WALTON BEACH FL 32548	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN S	
STREET ADDRESS	229 ALCONESSE AVE SE UNIT E	
CITY-STATE-ZIP	FORT WALTON BEACH FL 32548	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, MATTHEW W	
STREET ADDRESS	225 ALCONESSE AVENUE S.E. UNIT A	
CITY-STATE-ZIP	FORT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

John S. Williams
CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/05

850 244-1313

Date

Daytime Phone #