

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90101 046 ***150.00

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

1st MOORE

CR2E034 (10/05)

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

**WILLIAMS, STEPHEN M
1455 NAUTILUS DRIVE
NAVARRE FL 32566**

7. Name and Address of New Registered Agent

Name **WILLIAMS, STEPHEN M**

Street Address (P.O. Box Number is Not Acceptable)

715 FOREST SHORES DRIVE

City **MARY ESTHER**

FL Zip Code **32569**

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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** ☐ Delete
NAME **WILLIAMS, STEPHEN M**
STREET ADDRESS **1455 NAUTILUS DR**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE **S** ☐ Delete
NAME **WILLIAMS, OMA B**
STREET ADDRESS **229 ALCONSE AVENUE SE UNIT E**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **T** ☐ Delete
NAME **WILLIAMS, MICHAEL C**
STREET ADDRESS **554 CORAL CT UNIT 206**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **CEO** ☐ Delete
NAME **WILLIAMS, JOHN S**
STREET ADDRESS **229 ALCONSE AVE SE UNIT E**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **V** ☐ Delete
NAME **WILLIAMS, MATTHEW W**
STREET ADDRESS **225 ALCONSE AVENUE S.E. UNIT A**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Williams, Stephen M**
STREET ADDRESS **715 Forest Shores Drive**
CITY-ST-ZIP **Mary Esther FL 32569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
NAME **Williams, Matthew W**
STREET ADDRESS **43 Rue St. Topez**
CITY-ST-ZIP **Miramar Beach FL 32550**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Williams
CEO

02-07-2006

850 244-1313

Date

Daytime Phone #