

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K58956**

**1. Entity Name**  
**HADDAD BROTHERS INVESTMENTS INC.**



**Principal Place of Business**  
**3880 S WASHINGTON AVE**  
**236**  
**TITUSVILLE, FL 32780 US**

**Mailing Address**  
**3880 S WASHINGTON AVE**  
**236**  
**TITUSVILLE, FL 32780 US**



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-2966876**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**HADDAD, FRED SR.**  
**3880 S WASHINGTON AVE**  
**SUITE 236**  
**TITUSVILLE, FL 32780**

**DO NOT WRITE  
IN THIS SPACE**

**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**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PSD**  
**HADDAD, SAMUEL G.**  
**4561 HELENA DR.**  
**TITUSVILLE, FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VTD**  
**HADDAD, FRED SR.**  
**2260 SARAZEN CT.**  
**TITUSVILLE, FL**

**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)(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:**

*Fred Haddad Sr.*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*1/12/05* *721-269-6657*  
**Date** **Daytime Phone #**