

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 14, 2007 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**



02102007 No Chg-P CR2E034 (11/05)

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PSD</b>
<b>NAME</b>	<b>HADDAD, SAMUEL G.</b>
<b>STREET ADDRESS</b>	<b>4561 HELENA DR.</b>
<b>CITY - ST - ZIP</b>	<b>TITUSVILLE, FL</b>
<b>TITLE</b>	<b>VTD</b>
<b>NAME</b>	<b>HADDAD, FRED SR.</b>
<b>STREET ADDRESS</b>	<b>2260 SARAZEN CT.</b>
<b>CITY - ST - ZIP</b>	<b>TITUSVILLE, FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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02/23/07-80026-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* *Vice President* *2/10/07 321-269.6651*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #