

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90009 049 ***150.00

DOCUMENT # K58956

1. Entity Name

HADDAD BROTHERS INVESTMENTS INC.

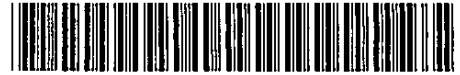


Principal Place of Business

3880 S WASHINGTON AVE
236
TITUSVILLE FL 32780
US

Mailing Address

3880 S WASHINGTON AVE
236
TITUSVILLE FL 32780
US



2. Principal Place of Business - No P.O. Box #

2260 SARAZEN CT
TITUSVILLE
FL 32780
32780 BRAVARD

3. Mailing Address

2260 SARAZEN CT
TITUSVILLE, FL
TITUSVILLE, FL
32780 BRAVARD

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

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 date (if applicable).

(NOTE: Registered Agent signature required when registering.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PSD ☐ Delete
NAME HADDAD, SAMUEL G.
STREET ADDRESS 4561 HELENA DR.
CITY-ST-ZIP TITUSVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemption Fee #

Fred Haddad Sr *FRED HADDAD SR* *V.P.* *2/6/08* *321-269-6657*