

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L89885

1. Entry Name
SALAMEH & KANDAH CORPORATION



Principal Place of Business

% SALIBA SALAMEH
2708 N. MAIN ST.
JACKSONVILLE, FL 32206

Mailing Address

% SALIBA SALAMEH
2708 N. MAIN ST.
JACKSONVILLE, FL 32206

DO NOT WRITE IN THIS SPACE



07242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3028405

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALAMEL, SALIBA
2708 N. MAIN ST.
JACKSONVILLE, FL 32206

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SALAMEH, SALIBA
STREET ADDRESS 3763 CATHEDRAL OAKS PL S
CITY- ST- ZIP JACKSONVILLE, FL

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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08/11/04-80001-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Saliba Salameh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 8/9/04 X 353 8181
Date Daytime Phone #