

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000012933



1. Entity Name  
DAMASCUS CLUB, INC.

FILED

04 JAN 13 PM 10: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1057 BIMINI ROAD  
JACKSONVILLE, FL 32216

Mailing Address  
1057 BIMINI ROAD  
JACKSONVILLE, FL 32216



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3621482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATALLAH, MARWAN  
1057 BIMINI ROAD  
JACKSONVILLE, FL 32216

**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.

300028321343  
02/06/04--01023--021 \*\*150.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ATALLAH, MARWAN 505 BRUNSWICK RD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAOUD, ELIAS 1814 SAN JOSE BLVD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ATALLAH, BASSAM 1042 E. JAMACA RD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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, 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

Daytime Phone #

*See attach Annual Report for Signature*



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P0000012933
Business Entity Name
DAMASCUS CLUB, INC.

FEI Number 593621482
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No \$8.75 each

Principal Place of Business

Address 1057 BIMINI ROAD
Suite, Apt. #, etc.
City, State JACKSONVILLE FL
Zip Code & Country 32216

Mailing Address

Address 1057 BIMINI ROAD
Suite, Apt. #, etc.
City, State JACKSONVILLE FL
Zip Code & Country 32216

Name And Address of Registered Agent

Name (Last, First, Middle, Title) ATALLAH MARWAN
-or- RA Business Name
Address 1057 BIMINI ROAD
Suite, Apt. #, etc.
City, State JACKSONVILLE FL
Zip Code & Country 32216

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature [Signature]

Continue Reset



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Document Number
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Business Entity Name
DAMASCUS CLUB, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Form entry for Officer/Director 1: Title P, Name (Last, First, Middle, Title) ATALLAH MARWAN, Street Address 505 BRUNSWICK RD, City, State JACKSONVILLE FL, Zip Code & Country 32216

Form entry for Officer/Director 2: Title VP, Name (Last, First, Middle, Title) Atallah George, Street Address 1057 Bimini RD, City, State JACKSONVILLE FL, Zip Code & Country 32216

Form entry for Officer/Director 3: Title T, Name (Last, First, Middle, Title) ATALLAH BASSAM, Street Address 1042 E. JAMACA RD, City, State JACKSONVILLE FL, Zip Code & Country 32216

Form entry for Officer/Director 4: Title, Name (Last, First, Middle, Title), Street Address, City, State, Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors      No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Continue      Reset

Start Over

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