

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079433

FILED  
Mar 01, 2004  
Secretary of State

Entity Name: SHIREBROOK ENTERPRISES, INCORPORATED

## Current Principal Place of Business:

844 ANASTASIA BLVD.  
ST. AUGUSTINE, FL 32080

## New Principal Place of Business:

## Current Mailing Address:

844 ANASTASIA BLVD.  
ST. AUGUSTINE, FL 32080

## New Mailing Address:

FEI Number: 52-2368058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SABBAGH, HICHAM  
844 ANASTASIA BLVD.  
ST. AUGUSTINE, FL 32080 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SABBAGH, AHMAD  
Address: 35 OCEAN WOOD DR E  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: SABBAGH, HICHAM A  
Address: 35 OCEAN WOOD DR E  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: SABBAGH, ABDEL R  
Address: 35 OCEAN WOOD DR E  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: SABBAGH, MOHAMAD  
Address: 35 OCEAN WOOD DR E  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: SABBAGH, ABDULHAFIZ  
Address: 35 OCEAN WOOD DR E  
City-St-Zip: ST. AUGUSTINE, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HICHAM SABBAGH

D

03/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date