

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90194 039 ***150.00

DOCUMENT # P03000014950

1. Entity Name

TEMPLE TERRACE PETROLEUM, INC.



Principal Place of Business

7105 TEMPLE TERRACE HWY
TAMPA, FL 33617

Mailing Address

7105 TEMPLE TERRACE HWY
TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number

84-1619011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABA, WALID
7105 TEMPLE TERRACE HWY
TAMPA, FL 33617

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SABA, WALID
STREET ADDRESS	7105 TEMPLE TERRACE HWY
CITY-ST-ZIP	TAMPA, FL 33617

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.06

Date

Daytime Phone #