## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000014950

1. Entity Name
TEMPLE TERRACE PETROLEUM, INC.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

7105 TEMPLE TERRACE HWY TAMPA, FL 33617

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DO NOT WRITE IN THIS SPACE

04242008 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

								je Hi Lide
	named entity submits this statement for the prions of registered agent.	urpose of changing its registe	ered office or re	egistered agent, or b	oth, in the State of	Florida. I am fan	iliar with, and accep	ot
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registe	red Agent signature	required when reinstating)		DATE	•	t
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		\$5.00 May Be Added to Fees		,		
10.	OFFICERS AND DIREC	TORS			444444	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	FIFTH A.	įΑ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SABA, WALID 7105 TEMPLE TERRACE HWY TAMPA, FL 33617							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		DO	NOT	VRITE		
TITLE Name Street address City-St-Zip				N	THISS	PACE		A. F
TITLE NAME STREET ADDRESS								W. Call

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:

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALIO SABA

<u>4-23-08</u>

7279468041