

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90048 008 ***150.00

DOCUMENT # P04000055755

1. Entity Name
SAINT GEORGE CITGO INC



Principal Place of Business
**2192 WEST COUNTY RD
BUSHNELL, FL 33513**

Mailing Address
**2192 WEST COUNTY RD
BUSHNELL, FL 33513**

50030588



2. Principal Place of Business

3. Mailing Address

PO Box 802

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152005

Chg-P

CR2E034 (10/03)

City & State

City & State
Bushnell FL

4. FEI Number

20-0946944

Applied For

Not Applicable

Zip

Country

Zip

33513

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MALKI, FADI
35184 US 19 N
PALM HARBOR, FL 34684**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 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** ☐ Delete
NAME **ALMASRI, GIDAH**
STREET ADDRESS **706 WEST MINISTER BLVD**
CITY - ST - ZIP **OLDSMAR, FL 34677**

TITLE **VS** ☒ Delete
NAME **IBRAHIM, GUIRGES**
STREET ADDRESS **66 HANCOCK AVENUE**
CITY - ST - ZIP **JERSEY CITY, NJ 07307**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05 (352) 793-1295
Date Daytime Phone #