2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09735

Address:

City-St-Zip:

6 HOLLY HILL ROAD

DOTHAN, AL 36305

Entity Name: SALIBA CONSTRUCTION CO., INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1147 N PA DOTHAN,		JS			
Current Mailing Address:			New Mailing Address:		
P.O. BOX DOTHAN,	1205 AL 36302				
FEI Number	: 63-0415483	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
115 N. JEI	DN, THOMAS C FFERSON ST. A, FL 32446	us			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
	Electron	ic Signature of Registered Ago	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	CD () SALIBA, RICHA 676 TRAWICK I DOTHAN, AL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	PD () SALIBA, RICHA 6 HOLLY HILL F DOTHAN, AL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	V () PALMER, WILL 114 LAKESIDE DOTHAN, AL 30	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () JAGGEARS, ST 2588 BEDDING SUWANNEE, G	TON WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	STD () SALIBA, JANE F	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: RICHARD JAMEEL SALIBA PD 04/28/2009