

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90029 031 ***150.00

DOCUMENT # P95000031511

1. Entity Name
SABAL SQUARE, INC.



Principal Place of Business
**1665 KINGSLEY AVENUE
SUITE 100
ORANGE PARK, FL 32073 US**

Mailing Address
**1665 KINGSLEY AVENUE
SUITE 100
ORANGE PARK, FL 32073 US**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3310185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HARPER, GARY O.
1665 KINGSLEY AVENUE
SUITE 100
ORANGE PARK, FL 32073**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

VOID
04/25/05 00:00:00 015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARPER, GARY O
STREET ADDRESS	1665 KINGSLEY AVENUE SUITE 100
CITY - ST - ZIP	ORANGE PARK, FL

TITLE	TD
NAME	HENRY, ALBERT L.
STREET ADDRESS	1665 KINGSLEY AVENUE SUITE 100
CITY - ST - ZIP	ORANGE PARK, FL

TITLE	SD
NAME	ADAMS, JOHN A
STREET ADDRESS	1665 KINGSLEY AVENUE -SUITE 100
CITY - ST - ZIP	ORANGE PARK, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/19/05 904-269-7077
Date Daytime Phone #