

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2006 08:00 AM
Secretary of State

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



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3310185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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, 2006 Fee will be \$550.00**

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

U000000477125
04/06/06-80039-022 150.00

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 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:

GARY O. HARPER

[Signature]

3/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #