

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90057 030 \*\*\*150.00

<b>DOCUMENT # P98000062313</b> 1. Entity Name <b>SARA SALIBA, INC.</b>					
Principal Place of Business <b>209 FORESTSIDE CIR AMERICUS, GA 31709</b>			Mailing Address <b>209 FORESTSIDE CIR AMERICUS, GA 31709</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>GALLAGHER, RONALD 390 NARRAGANSETT ST. N.E. PALM BAY, FL 32907</b>				7. Name and Address of New Registered Agent Name <b>Ronald Gallagher</b> Street Address (P.O. Box Number is Not Acceptable) <b>3990 Minton Road</b> City <b>W. Melbourne FL</b> Zip Code <b>32904</b>	
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 <b>Ronald Gallagher</b> <b>Reg Agent 3/3/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SALIBA, SARA C <input type="checkbox"/> Delete 209 FORESTSIDE CIR AMERICUS, GA 31709		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP SALIBA, MIKE <input type="checkbox"/> Delete 117 SALIBA RD COBB, GA 31735		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	2VP SALIBA, GARY <input type="checkbox"/> Delete 1026 NEILL DR COLUMBUS, GA 31904		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S FRANTZ, HARRIET <input type="checkbox"/> Delete 300 BASIL LANE BOAZ, AL 35957		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T FERGUSON FEAGUSON, MIKKI <input type="checkbox"/> Delete 309 FORESTSIDE CIRCLE AMERICUS, GA 31709		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Sara Saliba, Pres</b> <b>3/3/05</b> <b>924-3316</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					