

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90395 020 ***150.00

DOCUMENT # P99000080459					
1. Entity Name JABBOUR, INC.					
Principal Place of Business 1707 SW 7TH AVE OCALA, FL 34474			Mailing Address 4150 LAKE SAUNDERS DRIVE MOUNT DORA, FL 32757		
2. Principal Place of Business - No P.O. Box # 2895 S. PINE AVE.			3. Mailing Address 2895 S. PINE AVE.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Ocala, FL			City & State Ocala, FL		
Zip 34471		Country MARION		Zip 34471	
Country MARION		4. FEI Number 59-3597671			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JABBOUR, LOUIS 1514 EAST MAIN STREET LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name: JABBOUR, LOUIS Street Address (P.O. Box Number is Not Acceptable): 2895 S. PINE AVE. City: Ocala FL Zip Code: 34471		
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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JABBOUR, LOUIS 4150 LK SAUNDERS DRIVE MT. DORA, FL 32757	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JABBOUR, NAHLA 4150 LK SAUNDERS DRIVE MT. DORA, FL 32757	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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 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: _____				4/23/08 352-690-7570	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	