

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000088363

1. Entity Name  
 SABOO, INC.



Principal Place of Business  
 120 EAST MAIN STREET  
 SUITE A  
 PENSACOLA, FL 32501

Mailing Address  
 120 EAST MAIN STREET  
 SUITE A  
 PENSACOLA, FL 32501



03122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 56-2287926

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NASH, NEAL B  
 120 EAST MAIN STREET  
 SUITE A  
 PENSACOLA, FL 32501

**DO NOT WRITE IN THIS SPACE**

5. 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 300 if applicable

(NOTE: Registered Agent Signature required when re-electing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
 NAME NASH, NEAL B  
 STREET ADDRESS 120 EAST MAIN STREET #A  
 CITY-ST-ZIP PENSACOLA, FL 32501

TITLE D  
 NAME MORETTE, RICHARD P  
 STREET ADDRESS 1201 N. TARRAGONA STREET  
 CITY-ST-ZIP PENSACOLA, FL 32501

TITLE D  
 NAME SPENCER, BRIAN K  
 STREET ADDRESS 17 EAST MAIN STREET #100  
 CITY-ST-ZIP PENSACOLA, FL 32501

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

100000091543  
 03/18/04-20013-003 150.00

**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: *Richard P. Morette*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 (39) 432-4084  
 Date Date of Filing