2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED Feb 26, 2007 08:00 A Secretary of State



DO	NOT	WRITE	IN THIS	SPACE

02222007 No Chg-P CR2E034 (11/05)

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

n

SIGNATURE.

10.

TITLE

NAME STREET ADDRESS

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.	

(NOTE: Registered Agent signature required when reinstating)

 \Box

Signature, typed or printed name of registered agent and title if cophicable

NASH, NEAL B

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

120 EAST MAIN STREET #A

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

> 000000648845 03/07/07-80025-018 150.00

CITY-ST-ZIP PENSACOLA, FL 32501 TITLE MORETTE, RICHARD P NAME STREET ADDRESS 1201 N. TARRAGONA STREET CHY-ST-ZIP PENSACOLA, FL 32501 TITLE SPENCER, BRIAN K MAME STREET ADDRESS 17 EAST MAIN STREET #100 CITY-ST-ZIP PENSACOLA, FL 32501 THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

OFFICERS AND DIRECTORS

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 reflexiver 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 attact year, with an address, with all other like empowered.

SIGNATURE

CHY-ST-ZIP

THEE

NAME

STREET ADDRESS

CHY-ST-ZIP

Richard P. Morette

2-22-07 850-432-4084

Date

Daytime Phone #