


FILED
Apr 25, 2007 8:00 am
Secretary of State

04-12-2007 90047 049 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P09735
 1. Entity Name
SALIBA CONSTRUCTION CO., INC.



Principal Place of Business Mailing Address
1147 N PARK AVE. **P.O. BOX 1205**
DOTHAN, AL 36303 US **DOTHAN, AL 36302**

66010833



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0415483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILKINSON, THOMAS C.
115 N. JEFFERSON ST.
MARIANNA, FL 32446

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]* - **RICHARD J. SALIBA - PRESIDENT** **03-27-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SALIBA, RICHARD 676 TRAWICK RD. DOTHAN, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALIBA, RICHARD JAMEEL 6 HOLLY HILL RD. DOTHAN, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, WILLIAM M 114 LAKESIDE DRIVE DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAGGEARS, STEVE A. 2588 BEDDINGTON WAY SUWANNEE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SALIBA, JANE R 6 HOLLY HILL ROAD DOTHAN, AL 36305
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: *[Signature]* - **RICHARD J. SALIBA** **04-23-07** **334-792-9871**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT