


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P09735 1. Entity Name SALIBA CONSTRUCTION CO., INC.	
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Principal Place of Business 1147 N PARK AVE. DOTHAN AL 36303 US	Mailing Address P.O. BOX 1205 DOTHAN AL 36302
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1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc
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City & State	City & State	4. FEI Number 63-0415483	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILKINSON, THOMAS C. 115 N. JEFFERSON ST. MARIANNA FL 32446		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of the filer (must include title, if not sole officer) Registered Agent signature required when this filing

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SALIBA, RICHARD 676 TRAWICK RD. DOTHAN AL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALIBA, RICHARD JAMEEL 6 HOLLY HILL RD. DOTHAN AL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, WILLIAM M 114 LAKESIDE DRIVE DOTHAN AL 36301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAGGEARS, STEVE A. 2588 BEDDINGTON WAY SUWANNEE GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SALIBA, JANE R 6 HOLLY HILL ROAD DOTHAN AL 36305 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000879098 04/15/08-80007-006 150.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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:  **RICHARD J. SALIBA - PRESIDENT** **1/22/2008 334-792-9871**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #