




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90058 003 ****61.25

DOCUMENT # N02000008023					
1. Entity Name SAEVN, INC.					
Principal Place of Business 7340 BARCLAY CT UNIVERSITY PARK, FL 34201		Mailing Address 7340 BARCLAY CT UNIVERSITY PARK, FL 34201			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1852151	Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LYNCH, JARVIS D JR. 9628 GRETNA GREEN DR TAMPA, FL 33626				Name <i>Glenda Auxier</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>7340 Barclay Ct.</i>	
				City <i>University Park, FL</i> FL Zip Code <i>34201</i>	
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 <i>4-17-07</i>	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST CROUCH, RICHARD	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7301 CHATSWORTH CT		NAME	Glenda Auxier	
STREET ADDRESS	UNIVERSITY PARK, FL 34201		STREET ADDRESS	7340 Barclay Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	University Park, FL 34201	
TITLE	P LYNCH, JARVIS D P	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9628 GRETNA GREEN DR		NAME	Elkan Ries	
STREET ADDRESS	TAMPA, FL 33626		STREET ADDRESS	7215 Kensington Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	University Park, FL 34201	
TITLE	V AUXIER, GLENDA V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7340 BARCLAY CT		NAME		
STREET ADDRESS	UNIVERSITY PARK, FL 34201		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: 				Date <i>7-2-07</i> Daytime Phone # <i>941-351-5971</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

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