2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90086 019 ***158.75

DOCUMENT # P01000045675

1. Entity Name
SAVEMOR SUPPLY CO.

Principal Place of Business	Mailing Address
5837 DAWSEN ST., STE D HOLLYWOOD, FL 33023	5837 DAWSEN ST., STE D HOLLYWOOD, FL 33023

05022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5837 Dawson St.		5837 Dawson St.	
Suite, Apt. #, etc. Suite D		Suite, Apt. #, etc. Suite D	
City & State Hollywood FL		City & State Hollywood, FL.	
Zip 33023	Country USA	Zip 33023	Country USA

4. FEI Number 65-1100398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEDDERBURN, TONY
5837 DAWSEN ST., STE D
HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent

Name Tony Wedderburn
Street Address (P.O. Box Number is Not Acceptable) 5837 Dawson St.
Suite D
City Hollywood FL Zip Code 33023

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] 5/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WEDDERBURN, CYRIL A 5837 DAWSEN ST., STE D HOLLYWOOD, FL 33023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 5/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #