

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 A
Secretary of State

DOCUMENT # F93000002349

1. Entity Name

CREEKWOOD SAVANNAH CORP.



Principal Place of Business

4949 WESTGROVE DR.
100
DALLAS, TX 75248 US

Mailing Address

4949 WESTGROVE DR.
100
DALLAS, TX 75248 US



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2356250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INCORPORATING SERVICES, LTD
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301

**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, 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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000657500
03/14/07-80071-009 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME TONTI, MICHAEL T
STREET ADDRESS 4949 WESTGROVE DR #100
CITY-ST-ZIP DALLAS, TX 75248

TITLE DS
NAME TONTI, JOHN W
STREET ADDRESS 4949 WESTGROVE DR #100
CITY-ST-ZIP DALLAS, TX 75248

TITLE T
NAME LANGE, NEIL
STREET ADDRESS 4949 WESTGROVE DR #100
CITY-ST-ZIP DALLAS, TX 75248

TITLE DVP
NAME TRABOLD, COLLEEN T
STREET ADDRESS 4949 WESTGROVE DR #100
CITY-ST-ZIP DALLAS, TX 75248

TITLE VPD
NAME TONTI, ROBERT J
STREET ADDRESS 4949 WESTGROVE DR #100
CITY-ST-ZIP DALLAS, TX 75248

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Neil Lange
Neil Lange

1/23/07

972-447-9035