
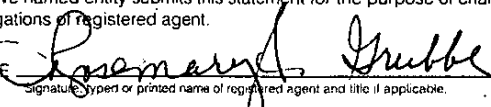
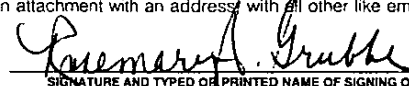


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90028 011 \*\*\*150.00

<b>DOCUMENT # 276379</b> 1. Entity Name <b>SAVOY APARTMENTS, INC.</b>					
Principal Place of Business <b>3847 SOUTH CIRCLE DRIVE HOLLYWOOD FL 33021</b>			Mailing Address <b>3847 SOUTH CIRCLE DRIVE HOLLYWOOD FL 33021</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1st MOORE CR2E034 (10/05)	
4. FEI Number <b>59-1156452</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MULVEY, ROBERT 3847 SOUTH CIRCLE DR. APT. 5 HOLLYWOOD FL 33021</b>			7. Name and Address of New Registered Agent Name <b>ROSEMARY A. GRUBBE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3847 SOUTH CIRCLE DR. #17</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33021</b>		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNTON, ROBERT 405 W 2ND, PO BOX 816 MACKINAW IL 61755	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUCE CRANDALL 3847 SOUTH CIRCLE DR. #14 Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MULVEY, ROBERT 3847 SOUTH CIRCLE DR., #5 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH RUSSO SR 3847 South Circle DR #15 Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARLSON, PATRICIA L 112 E LINCOLN ST. KENTLAND IN 47951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSEMARY A. GRUBBE 3847 South Circle DR. #17 Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNTON, CHARLES 2851 N 41 RD. SHERIDAN IL 60551	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHYLLIS BYRNE 3847 South Circle DR. #4 Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLAUMMER, TARE 3847 S. CIR DR. #7 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TARA PLUMMER 3847 SOUTH CIRCLE DR. #7 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:  ROSEMARY A. GRUBBE (954) 981-0121 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					