

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 674456**

1. Entity Name  
**SAVAGE KINGDOM, INC.**



Principal Place of Business  
**P.O. BOX 100  
CENTER HILL, FL 33514**

Mailing Address  
**P.O. BOX 100  
CENTER HILL, FL 33514**

**DO NOT WRITE IN THIS SPACE**



07232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2254559**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BAUDY, ROBERT E  
S.R. 48 & BEVILLES CORNER  
CENTER HILL, FL 33514**

**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  
Due by September 8, 2004**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BAUDY, ROBERT E  
HIWAY 48, NEAR BEVILLES CORNER, SUMTER CO.  
CENTER HILL, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHAFER, EDWARD DR.  
557 S. COUNTRY CLUB DR.  
ATLANTIS, FL 33462**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WEAVER, CATHY P  
240 SOUTHWEST 165TH STREET  
OCALA, FL 34473**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/26/04-80010-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Robert Baudy*

**ROBERT BAUDY**

**352-793 2109**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone