

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90415 010 ***150.00

DOCUMENT # F01000004858

1. Entity Name

U-SAVE FINANCIAL SERVICES, INC.



Principal Place of Business

4780 I-55 NORTH, SUITE 300
JACKSON MS 39211

Mailing Address

4780 I-55 NORTH, SUITE 300
JACKSON MS 39211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

52-1750426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete
NAME MCDONNELL, THOMAS P III
STREET ADDRESS 4780 I-55 NORTH, SUITE 300
CITY-ST-ZIP JACKSON MS 39211

TITLE Pres, Treas, Director, Co-CEO ☒ Change ☐ Addition
NAME Thomas P. McDonnell III Co-CEO
STREET ADDRESS same
CITY-ST-ZIP same

TITLE AS ☐ Delete
NAME CAIN, GEORGE Q. JR
STREET ADDRESS 4780 I-55 NORTH STE 300
CITY-ST-ZIP JACKSON MS 39211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MOORE, O. KENDALL
STREET ADDRESS 4780 I-55 NORTH, SUITE 300
CITY-ST-ZIP JACKSON MS 39211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME GATHINGS, ROBERT M
STREET ADDRESS 4780 I-55 NORTH, SUITE 300
CITY-ST-ZIP JACKSON MS 39211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME TATUM, JOSEPH F JR.
STREET ADDRESS 421 JM TATUM INDUSTRIAL PARK DRIVE
CITY-ST-ZIP HATTIESBURG MS 39401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Co-CEO, Co-COB ☐ Change ☒ Addition
NAME sanford Miller
STREET ADDRESS 444 Seabreeze Blvd Ste 1002
CITY-ST-ZIP Daytona Beach, FL 32118

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tom McDonnell *Tom McDonnell* 4-10-06 601-713-4333