

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004197

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: SAVICH INSURANCE SERVICES, INC.

## Current Principal Place of Business:

1388 CHRISTINA DRIVE  
LAWRENCEVILLE, GA 30043

## New Principal Place of Business:

1165 LAWRENCEVILLE-SUWANEE DRIVE  
SUITE B-1  
LAWRENCEVILLE, GA 30043

## Current Mailing Address:

1388 CHRISTINA DRIVE  
LAWRENCEVILLE, GA 30043

## New Mailing Address:

1165 LAWRENCEVILLE-SUWANEE DRIVE  
SUITE B-1  
LAWRENCEVILLE, GA 30043

FEI Number: 13-4220494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HATCH, JOHN D ESQUIRE  
1267 BERKSHIRE LANE  
SUITE 200  
TARPON SPRINGS, FL 34688 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BROOKS, REBA N  
Address: 1388 CHRISTINA DRIVE  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: SD ( ) Delete  
Name: BROOKS, CHARLES S  
Address: 1388 CHRISTINA DRIVE  
City-St-Zip: LAWRENCEVILLE, GA 30043

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBA BROOKS

PD

01/21/2008

Electronic Signature of Signing Officer or Director

Date