

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001226

Entity Name: SAVANNAH SWEETS, INC.

FILED
Aug 19, 2008
Secretary of State

Current Principal Place of Business:

81 ST. GEORGE ST
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

1 DIAMOND CAUSEWAY
SUITE 14
SAVANNAH, GA 31406 US

New Mailing Address:

FEI Number: 58-1479917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, H. KEVIN
81 ST. GEORGE STREET
ST. AUGUSTINE, FL 32084 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEYERS, H. KEVIN
Address: 108 FULL MOON LANE
City-St-Zip: SAVANNAH, GA

Title: S () Delete
Name: MEYERS, HERMAN O
Address: 507 MOON RIVER COURT
City-St-Zip: SAVANNAH, GA 31406

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: H KEVIN MEYERS

PRES

08/19/2008

Electronic Signature of Signing Officer or Director

_____ Date