

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F98000004806

1. Entity Name  
SAVAGE SERVICES CORPORATION



Principal Place of Business  
6340 S. 3000 EAST  
#600  
SALT LAKE CITY, UT 84121

Mailing Address  
6340 S. 3000 EAST  
#600  
SALT LAKE CITY, UT 84121

FILED  
07 JUN 18 AM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number  
87-0237425

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 14, 2007**

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	P
NAME	ALEXANDER, ALLEN B
STREET ADDRESS	6340 S. 300 E. #600
CITY-ST-ZIP	SALT LAKE CITY, UT 84121
TITLE	VAS
NAME	LEWIS, H. BENSON
STREET ADDRESS	6340 S. 3000 E. #600
CITY-ST-ZIP	SALT LAKE CITY, UT 84121
TITLE	VS
NAME	JENSEN, JAMES T
STREET ADDRESS	6340 S. 3000 E. #600
CITY-ST-ZIP	SALT LAKE CITY, UT 84121
TITLE	T
NAME	DOWD, CURT
STREET ADDRESS	6340 S. OCEAN S. 3000 E. #600
CITY-ST-ZIP	SALT LAKE CITY, UT 84121
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

26/19

300103824453  
06/04/07--01002--009 \*\*650.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

SK V.P. & Treasurer 6/12/07

801-944-6600