

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90069 043 ***158.75

DOCUMENT # G03410

1. Entity Name
A.R. SAVAGE & SON, INC.



Principal Place of Business
**1803 EASTPORT DR.
TAMPA, FL 33605-6709 US**

Mailing Address
**1803 EASTPORT DR.
TAMPA, FL 33605-6709 US**

60012282



2. Principal Place of Business
701 Harbour Post Dr.
Suite, Apt. #, etc.

3. Mailing Address
701 Harbour Post Dr.
Suite, Apt. #, etc.

01092006 Chg-P CR2E034 (11/05)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-2270857

Applied For
☐ Not Applicable

Zip
33602-6701

Country
USA

Zip
33602-6701

Country
USA

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

6. Name and Address of Current Registered Agent

**SAVAGE, ARTHUR R
1803 EASTPORT DR.
TAMPA, FL 33605-6709**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
701 Harbour Post Dr.

City
Tampa

FL

Zip Code
33602-6701

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
SAVAGE, ARTHUR R
1803 EASTPORT DRIVE
TAMPA, FL 336056709** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**701 Harbour Post Dr.
Tampa, FL 33602-6701** ☒ Change ☐ Addition

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

TITLE
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☐ Change ☐ Addition

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

Arthur R. Savage

Date

2/2/06

813-247-4432

Daytime Phone #