

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J03139

Entity Name: ELWILL SAVAGE, INC.

FILED
May 12, 2005
Secretary of State

Current Principal Place of Business:

319 MONROE DRIVE
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

319 MONROE DRIVE
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 58-1711292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORA, ABRAHAM M
777 S FLAGLER DR WEST TOWER
STE 900
WEST PALM BEACH, FL 33401 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: PSD () Delete
Name: SLATER, TIM
Address: 319 MONROE DRIVE
City-St-Zip: WEST PALM BEACH, FL

Title: VP () Delete
Name: SLATER, TIM
Address: 319 MOW ROE DR
City-St-Zip: WEST PALM BEACH, FL 33403

Title: T () Delete
Name: STUMP, MITCHELL
Address: 26 PRINCEWOOD LANE
City-St-Zip: PALM BEACH, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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: TIM S SLATER

P

05/12/2005

Electronic Signature of Signing Officer or Director

Date