

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K76277

FILED
Apr 22, 2005
Secretary of State

Entity Name: SAVILLE & SON OFFICE MAINTENANCE, INC.

Current Principal Place of Business:

% LINDA J. SAVILLE
640 WHITEWATER DR.
W PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

% LINDA J. SAVILLE
640 WHITEWATER DR.
W PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 65-0113348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAVILLE, LINDA J.
640 WHITEWATER DR.
W PALM BEACH, FL 33413 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: PS () Delete
Name: SAVILLE, LINDA J
Address: 640 WHITEWATER DR.
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VT () Delete
Name: SPITZ, JOSEPH
Address: 190 HONEYSUCKLE
City-St-Zip: JUPITER, FL 33458

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAVILLE, DAVID B
Address: 640 WHITEWATER DR.
City-St-Zip: WEST PALM BEACH, FL 33413

Title: T (X) Change () Addition
Name: SPITZ, JOSEPH
Address: 190 HONEYSUCKLE
City-St-Zip: JUPITER, FL 33458

Title: VSD () Change (X) Addition
Name: SAVILLE, LINDA J
Address: 640 WHITEWATER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33413

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: LINDA J. SAVILLE

VSD

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date