

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90229 048 ****61.25

DOCUMENT # N0200008023

1. Entity Name
SAEVN, INC.



Principal Place of Business
7139 PRESTWICK UNIVERSITY PARK, FL 34201

Mailing Address
7139 PRESTWICK UNIVERSITY PARK, FL 34201



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02172005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
14-1852151

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNCH, JARVIS D JR.
7139 PRESTWICK UNIVERSITY PARK, FL 34201

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARLSON, LOWELL D D	
STREET ADDRESS	6915 LANGLEY PLACE	
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENNEKAMP, TERRY L D	
STREET ADDRESS	7627 HEATHFIELD CT	
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	PENNEKAMP, JEAN M S/T	
STREET ADDRESS	7627 HEATHFIELD CT	
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201	
TITLE	P	<input type="checkbox"/> Delete
NAME	LYNCH, JARVIS D P	
STREET ADDRESS	7139 PRESTWICK CT.	
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COCCO, ANTHONY V	
STREET ADDRESS	7215 CHATSWORTH COURT	
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOLSON, THOMAS C V	
STREET ADDRESS	7353 EATON CT	
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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: Jean M. Pennekamp, Treasurer 2-25-05 941-359-0190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JEAN M. PENNEKAMP, Treasurer