


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90010 043 \*\*\*\*70.00

**DOCUMENT # N03000001260**

1. Entity Name  
**SAVE OUR BIG SCRUB, INC.**



Principal Place of Business      Mailing Address  
**23797 NE 189 STREET**      **23797 NE 189 STREET**  
**SALT SPRINGS FL 32134**      **SALT SPRINGS FL 32134**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number       Applied For  
 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **ROY R. Lewis III**  
 Street Address (P.O. Box Number is Not Acceptable)  
**23797 NE 189th Street**  
 City **SALT SPRINGS**      FL      Zip Code **32134**

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 *Roy R. Lewis III*      **ROY R. LEWIS III**      **14 FEB 04**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	FLYNN, LAURA L	
STREET ADDRESS	23797 NE 189 STREET	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LUCAS, DAVID M	
STREET ADDRESS	23797 NE 189 STREET	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAPAZ, SHERRY W	
STREET ADDRESS	23797 NE 189 STREET	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS, ROY R III	
STREET ADDRESS	23797 NE 189 STREET	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *Roy R. Lewis III*      **ROY R. LEWIS III**      **14 FEB 04**      **3525464842**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #