

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001260

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: SAVE OUR BIG SCRUB, INC.

**Current Principal Place of Business:**

23797 NE 189 STREET  
SALT SPRINGS, FL 32134

**New Principal Place of Business:**

**Current Mailing Address:**

23797 NE 189 STREET  
SALT SPRINGS, FL 32134

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

LEWIS, ROY R  
23797 NE 189TH STREET  
FORT MC COY, FL 32134      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

**OFFICERS AND DIRECTORS:**

Title:                      VD                      ( ) Delete  
Name:                      FLYNN, LAURA L  
Address:                      23797 NE 189 STREET  
City-St-Zip:                      SALT SPRINGS, FL 32134

Title:                      TD                      ( ) Delete  
Name:                      LUCAS, DAVID M  
Address:                      23797 NE 189 STREET  
City-St-Zip:                      SALT SPRINGS, FL 32134

Title:                      SD                      (X) Delete  
Name:                      CAPAZ, SHERRY W  
Address:                      23797 NE 189 STREET  
City-St-Zip:                      SALT SPRINGS, FL 32134

Title:                      PD                      ( ) Delete  
Name:                      LEWIS, ROY R III  
Address:                      23797 NE 189 STREET  
City-St-Zip:                      SALT SPRINGS, FL 32134

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY R. LEWIS III

PD

01/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date