


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000001260 1. Entry Name SAVE OUR BIG SCRUB, INC.	
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Principal Place of Business 23797 NE 189 STREET SALT SPRINGS, FL 32134	Mailing Address 23797 NE 189 STREET SALT SPRINGS, FL 32134
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04272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ROY R
 23797 NE 189TH STREET
 SALT SPRINGS, FL 32134

DO NOT WRITE IN THIS SPACE

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 DATE 4/26/07
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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, ROY R III 23797 NE 189 STREET SALT SPRINGS, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUEVER, LINDA C 10952 NW HWY 320 MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLYNN, LAURA L 2824 FALLING LEAVES RD. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCAS, DAVID M 23797 NE 189TH STREET SALT SPRINGS, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/17/07-80004-013 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Laura L Flynn DATE 4/26/07 DAYTIME PHONE # 813-662-9564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR