


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90001 011 ****61.25

DOCUMENT # N03000005500	
1. Entity Name SAVOR OUR SOLUTIONS, INC.	

Principal Place of Business 916 BAYSHORE DRIVE ENGLEWOOD, FL 34223-2204	Mailing Address 1811 ENGLEWOOD ROAD BOX #172 ENGLEWOOD, FL 34223
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54070933

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08202004 Chg-NP CR2E037 (10/03)

4. FEI Number 56-2361943	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THEEN, GLORIA 916 BAYSHORE DRIVE ENGLEWOOD, FL 34223-2204		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THEEN, GLORIA			NAME			
STREET ADDRESS	916 BAYSHORE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD, FL 342232204			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAEFFER, SUSANNE			NAME			
STREET ADDRESS	842 NOKOMIS AVE.			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34295			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THEEN, G. HOPE			NAME			
STREET ADDRESS	372 BRIARWOOD ROAD			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZOTT, JENNIFER			NAME			
STREET ADDRESS	5850 CYPRESS GARDENS BLVD. #601			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAGER, BERTA			NAME			
STREET ADDRESS	23 NOTRE DAME STREET			STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL 33852			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *G. Theen* **8-23-04** **941-474 3608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #