

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010036

FILED  
Jul 15, 2005  
Secretary of State

Entity Name: SAVING STATION INC.

## Current Principal Place of Business:

1139 EDITH DRIVE  
DAYTONA BEACH, FL 321173934

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 11763  
DAYTONA BEACH, FL 321201763

## New Mailing Address:

FEI Number: 56-2310037      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

RIVERS, JARED G  
705 S. BEACH ST. APT. 137  
DAYTONA BEACH, FL 321145440 US

## Name and Address of New Registered Agent:

RIVERS, JARED G  
1717 MASON AVE  
1130  
DAYTONA BEACH, FL 321145440 US

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: JARED G RIVERS

07/15/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RIVERS, JARED G  
Address: 705 S. BEACH ST. APT. 137  
City-St-Zip: DAYTONA BEACH, FL 321145440

Title: VP ( ) Delete  
Name: RIVERS, DEBORAH L  
Address: 1139 EDITH DRIVE  
City-St-Zip: DAYTONA BEACH, FL 321173934

Title: ST ( ) Delete  
Name: GORDON, NORMA R REV  
Address: 1139 EDITH DRIVE  
City-St-Zip: DAYTONA BEACH, FL 321173934

Title: D ( ) Delete  
Name: WHITE, NATHAN  
Address: 104 MUSCOVY CT  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D ( ) Delete  
Name: FLYNT, SONYA  
Address: 200 HEPBURANT APT. 1  
City-St-Zip: DAYTONA BEACH, FL 321145440

Title: D ( ) Delete  
Name: KILLINS, LAMESHA  
Address: 1025 S. BEACH ST. APT. 189  
City-St-Zip: DAYTONA BEACH, FL 321145440

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RIVERS, JARED G  
Address: 1717 MASON AVE APT. 1130  
City-St-Zip: DAYTONA BEACH, FL 321145440

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:

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: JARED G RIVERS

P

07/15/2005

Electronic Signature of Signing Officer or Director

Date