

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001521

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: CITY SAVERS, INC.

## Current Principal Place of Business:

16704 WHIRLEY RD.  
LUTZ, FL 33558

## New Principal Place of Business:

## Current Mailing Address:

16704 WHIRLEY RD.  
LUTZ, FL 33558

## New Mailing Address:

FEI Number: 20-5768480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILBERT, MICHAEL S  
16704 WHIRLEY RD.  
LUTZ, FL 33558 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: P ( ) Delete  
Name: GILBERT, MICHAEL S  
Address: 16704 WHIRLEY RD.  
City-St-Zip: LUTZ, FL 33558

Title: VP ( ) Delete  
Name: BUCKLES, JON  
Address: 12104 SHADY FOREST DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: VP (X) Delete  
Name: BARREDA, JOSE  
Address: 5101 VAN DYKE RD  
City-St-Zip: LUTZ, FL 33558

Title: VP (X) Delete  
Name: RYDMAN, KERRY  
Address: 5101 VAN DYKE RD  
City-St-Zip: LUTZ, FL 33558

Title: VP (X) Delete  
Name: FABER, DARRELL  
Address: 5101 VAN DYKE RD  
City-St-Zip: LUTZ, FL 33558

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HAWKINS, ANDREW  
Address: 5101 VAN DYKE RD  
City-St-Zip: LUTZ, FL 33558

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 exemption stated 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 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: MICHAEL S. GILBERT

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date