# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 26, 2008 8:00 am**
**Secretary of State**
02-26-2008 90008 001 ****61.25

DOCUMENT # N95000004124

1. Entity Name

SAVE RODMAN RESERVOIR, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~108 S SECOND ST~~ 425 N Palm Ave<br>PALATKA FL 32177 | PO BOX 2<br>PALATKA FL 32177 |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 425 N PALM AVE | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Palatka, FL | City & State |
| Zip: 32177 Country: USA | Zip Country |

4. FEI Number: 59-3340615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~TAYLOR, ED~~<br>~~109 N SECOND ST~~<br>~~PALATKA FL 32177~~ | Name: Ed Taylor<br>Street Address (P.O. Box Number is Not Acceptable): 103 Marie St<br>City: Interlachen FL Zip Code: 32148 |

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: Ed Taylor DATE: 2/13/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ANDRY, SANDRA K<br>16891 NE 243 PL RD<br>FT. MCCOY FL 32134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>TAYLOR, ED<br>103 MARIE ST<br>INTERLACHEN FL 32148 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SNOW, LOUISE<br>16511 N.E. 243 PLACE ROAD<br>FT. MCCOY FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>TORODE, BILL<br>POB 801<br>PALATKA FL 32178 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>DEEL, HASSELL<br>PO BOX 2022<br>PALATKA FL 32178 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Ed Taylor DATE: 2/13/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR