2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # P00000111212 1. Entity Name SAVANNAH SPRINGS, INC.					04-18-2005	90323 045 ***1	50.00
Principal Place of Business 8350 NW 52ND TERRACE SUITE 107 MIAMI, FL 33166		Mailing Address % THE BABCOCK CO. 8350 NW 52ND TERRACE, SUITE 107 MIAMI, FL 33166			50037556		
2. Principal Place of Business 3. Mailing Address 9200 S. Dadeland Blvd 9200 S			ade land	Blyd IIIIII			. 1101501 15 1005
Suite, Apt. #, etc.		Suite, Apr. #, etc. Suite 103		02242005	Chg-P	CR2E034 (10/03	3)
City & State	е,	City & State Miami	<u></u>	4. FEI Numb 65-106		}}	Applied For Not Applicable
3315	Country	33156	Country	5. Certificate	of Status Desired	□ \$8.75 A	
	6. Name and Address of Current	Registered Agent	Niere	7. Name and	Address of New F	Registered Agent	
%THE BAS	S, CALVIN H BCOCK CO. 52ND TERRACE, SUITE 107 33166	Street Ac	OS. Dad	er is Not Acceptabl	BIVO. SH	e.#103	
8. The above	named entity submits this statement to	r the purpose of changing its	s registered office or	registered agent, or bo	th, in the State of F	lorida. I am familiar wit	h, and accept
the obligations of registered agent. SIGNATURE 4-1:1-05							
3IGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signatu	re required when reinstating)		DATE -	·
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees							
10.	OFFICERS AND		11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTO	<u>.</u>
TITLE NAME	DPS BABCOCK, CALVIN H	☐ Delete	TITLE NAME		~ 1	YZ Change	
STREET ADDRESS CITY+ST-ZIP	8350 NW 52ND TERRACE, SUIT MIAMI, FL 33166	STREET ADORESS CITY-ST-ZIP	9200 S Miami	. Dadel FL	land Blvd 33156	L.#103	
TITLE	VD	☐ Delete	TITLE	,		☐ Chang	e 🗌 Addition
NAME STREET ADDRESS CITY-ST-ZIP	BABCOCK, CHARLES I III C/O CC, 2764 SUNSET PT RD, S CLEARWATER, FL 33759	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	CELAKWATEK, TE 33733	☐ Delete	TITLE			☐ Chang	e 🗌 Addition
NAME STREET ADDRESS	_		NAME STREET ADDRESS				-
CITY+ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	title Name			☐ Chang	ge 🗌 Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE		☐ Delete	TITLE			☐ Chang	ge 🔲 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			_ CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Chang	ge 🗌 Addition
STREET ADDRESS CITY - ST - ZIP		-1 ·	STREET ADDRESS CITY-ST-ZIP				_
12. I hereby	certify that the information supplied with		or the exemption stat				
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 607, 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: 4-11-0.5 305-5							<u>2780</u>
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