## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000111212

1. Entity Name

SAVÁNNAH SPRINGS, INC.



Principal Place of Business

9200 S DADELAND BLVD

STE 103

MIAMI, FL 33156

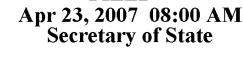
Mailing Address

9200 S DADELAND BLVD

STE 103

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33156



**FILED** 



01052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1061695 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Ag
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BABCOCK, CALVIN H 9200 DADELAND BLVD STE 103 MIAMI, FL 33156

TITLE

NAME

THEE
NAME
STREET ADDRESS
CITY-SI-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plants of registered agent,	ourpose of changing its registered	l office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registered /	Out eignature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol><li>Election Campaign Financ Trust Fund Contribution.</li></ol>	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BABCOCK, CALVIN H 9200 S DADELAND BLVD STE 103 MIAMI, FL 33156				W000007700 47F

000000726475 05/04/07-80009-005 150.00

## CITY-ST-ZIP CLEARWATER, FL 33759 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BABCOCK, CHARLES I III

C/O CC, 2764 SUNSET PT RD, SUITE 200

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 applicass, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

305-599-2780