

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000117426

1. Entity Name
SAV HOLDINGS, INC.



FILED

06 APR 25 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10124 FOXHURST CT.
ORLANDO, FL 32836

Mailing Address
10124 FOXHURST CT.
ORLANDO, FL 32836

\$158.75



02102006 No Chg-P CR2E034 (11/05) 06

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4. FEI Number
59-3698341

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYSE, SHELLY C
10124 FOXHURST COURT
ORLANDO, FL 32836

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME VAN DYKE, STEVEN A
STREET ADDRESS 885 THIRD AVE., 34TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

200074180622
05/08/06--01026--010 **1040.00

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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 address, with all other like empowered.

SIGNATURE:

Steven A. Van Dyke

Steven A. Van Dyke

4/16/06 407 345 8332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #