2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000078638

1. Entity Name
SAVANNAH CROSSING DEVELOPERS, INC.

Principal Place of Business	Mailing Address
508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301	508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

06072004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3701670

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, DOUGLAS E
508-A CAPITAL CIRCLE S.E.
TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BLANKENSHIP, MICHAEL L
STREET ADDRESS	4123 WOODVILLE HWY
CITY-ST-ZIP	TALLAHASSEE, FL 32314
TITLE	DP
NAME	TURNER, DOUGLAS E
STREET ADDRESS	508-A CAPITAL CIRCLE S.E.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	DTS
NAME	BASS, KAREN K
STREET ADDRESS	902 N GADSDEN STREEET
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	MOORE, RICHARD A
STREET ADDRESS	902 N GADSDEN STREEET
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	BENNETT, JIMMY R
STREET ADDRESS	3402 APALACHEE PKWY
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	BASS, EDWARD N III
STREET ADDRESS	3077 KILLEARN POINTE COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32303

U00000162527
06/14/04-80002-008 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Douglas E. Turner 6-9-04 8506569663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #