

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024607

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: SAVAGE FIRE PROTECTION, INC.

## Current Principal Place of Business:

37339 LEONTINE WILLIAMS ROAD  
LEESBURG, FL 34788 US

## New Principal Place of Business:

## Current Mailing Address:

37339 LEONTINE WILLIAMS ROAD  
LEESBURG, FL 34788 US

## New Mailing Address:

FEI Number: 74-3081293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAVAGE, SHELTON T  
37339 LEONTINE WILLIAMS ROAD  
LEESBURG, FL, FL 34788 US

## Name and Address of New Registered Agent:

SAVAGE, SHELTON T  
37339 LEONTINE WILLIAMS ROAD  
LEESBURG, FL 34788 US

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.

SIGNATURE:

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: SAVAGE, SHELTON T  
Address: 31918 EAST STATE ROAD 44  
City-St-Zip: EUSTIS, FL 32736 US

Title: VP/D ( ) Delete  
Name: SAVAGE, CHARLTON D  
Address: 37339 LEONTINE WILLIAMS ROAD  
City-St-Zip: LEESBURG, FL 34788 US

Title: TRES ( ) Delete  
Name: SAVAGE, WILLIAM B  
Address: 31918 E ST RD 44  
City-St-Zip: EUSTIS, FL 32736 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE SAVAGE

ADM

01/22/2009

Electronic Signature of Signing Officer or Director

Date