

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90041 004 ***150.00

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1. Entity Name
WOODWORKING BY SAVELL, INC.



Principal Place of Business
700 51ST STREET SOUTH UNIT 42 &43
GULFPORT, FL 33707

Mailing Address
700 51ST STREET SOUTH UNIT 42 &43
GULFPORT, FL 33707

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
81-0619951

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAVELL, ROBERT L
700 51ST STREET SOUTH UNIT 42 &43
GULFPORT, FL 33707

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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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 SAVELL, ROBERT L
STREET ADDRESS 5255 5TH AVE SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE D
NAME SAVELL, MICHELE T MICHELE
STREET ADDRESS 5255 5TH AVE SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE D
NAME SAVELL, ROBERT W
STREET ADDRESS 5255 5TH AVE SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 lines empowered.

SIGNATURE:

Robert L. Savell PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05 (727) 742-7153
Date Daytime Phone #