


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90152 048 ***150.00

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| DOCUMENT # P03000103833 |  |
| 1. Entity Name SAVI CONSULTING, INC | |

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|---|--|
| Principal Place of Business 1031 GREEN RD ROCKLEDGE, FL 32955 | Mailing Address 5603 STAR Rush Drive ROCKLEDGE, FL 32955 MELBOURNE, FL 32940 |
|---|--|

DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 06-1643543 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent SARTAIN, KELLY 1031 GREEN RD ROCKLEDGE, FL 32955 5603 STAR RUSH DR MELBOURNE, FL 32940 | DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reconstituting) 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 NAME STREET ADDRESS CITY - ST - ZIP | P SARTAIN, KELLY 1031 GREEN RD ROCKLEDGE, FL 32955 5603 STAR RUSH MELBOURNE, FL 32940 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Joshua SARTAIN 112 CEDAR ST ROCKLEDGE, FL 32955 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Rhonda SARTAIN 5603 STAR RUSH DR. MELBOURNE FL 32940 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

DO NOT WRITE 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)(f), 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 another like empowered.

SIGNATURE: Kelly Sartin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/05 321 636 9620
Date Daytime Phone #