2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90271 045 ***150.00

DOCUMENT # P03000144997

1. Entity Name
SAVANNAH'S INC.

40077880

Principal Place of Business	Mailing Address
1252 CARDINAL LANE DELAND, FL 32720	1252 CARDINAL LANE DELAND, FL 32720

04162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #: 3705 US Hwy 17 NO
Suite, Apt. #, etc.
City & State: Deland FL
Zip: 32720 Country: US

3. Mailing Address: 3705 US Hwy 17 NO
Suite, Apt. #, etc.
City & State: Deland FL
Zip: 32720 Country: US

4. FEI Number: 20-0461302 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GATENA, SHARON
1252 CARDINAL LANE
DELAND, FL 32720

7. Name and Address of New Registered Agent

Name: Gatena, Sharon
Street Address (P.O. Box Number is Not Acceptable): 3705 US Hwy 17 NO
City: Deland **FL** Zip Code: 32720

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST GATENA, SHARON 1252 CARDINAL LANE DELAND, FL 32720 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST Gatena, Sharon 3705 US Hwy 17 NO Deland FL 32720 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Sharon Gatena 4.17.07 386.985 4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #