

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147134

FILED  
Jul 14, 2004  
Secretary of State

Entity Name: SAVAGE INTELLIGENT TECHNOLOGIES, INC

## Current Principal Place of Business:

4002 W WATERS AVE STE 7  
TAMPA, FL 33614

## New Principal Place of Business:

## Current Mailing Address:

4002 W WATERS AVE STE 7  
TAMPA, FL 33614

## New Mailing Address:

FEI Number: 20-0451429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILHELM, LYNN C  
4002 W WATERS AVE STE 7  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILHELM, LYNN C  
Address: 4002 W WATERS AVE STE 7  
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete  
Name: HINES, MARIA E  
Address: 4002 W WATERS AVE STE 7  
City-St-Zip: TAMPA, FL 33614

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition  
Name: HIMES, DONALD  
Address: 4002 W WATERS AVE STE 7  
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Change (X) Addition  
Name: WILHELM, RUSS  
Address: 4002 W WATERS AVE STE 7  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNN WILHELM

P

07/14/2004

Electronic Signature of Signing Officer or Director

Date