


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90023 026 \*\*\*150.00

<b>DOCUMENT #.P03000158426</b>			
1. Entity Name <b>SAVANNA LAWN MAINTENANCE &amp; IRRIGATION INC.</b>			
Principal Place of Business <b>2468 KINGSTON RD CRESTVIEW, FL 32536</b>		Mailing Address <b>2468 KINGSTON RD CRESTVIEW, FL 32536</b>	
2. Principal Place of Business <b>5751 Reinke Drive</b>		3. Mailing Address <b>5751 Reinke Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Crestview, FL</b>		City & State <b>Crestview, FL</b>	
Zip <b>32539</b>		Zip <b>32539</b>	
Country		Country	
4. FEI Number <b>20-0552055</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DOWNING, KIMBERLY- 2468 KINGSTON RD CRESTVIEW, FL 32536</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5751 Reinke Dr</b> City <b>Crestview</b> <b>FL</b> Zip Code <b>32539</b>	
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 re-electing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P DOWNING, KIM 2468 KINGSTON RD CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5751 Reinke Dr Crestview, FL 32539</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DOWNING, BRIAN 2468 KINGSTON RD CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5751 Reinke Dr. Crestview, FL 32539</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DOWNING, TROY 3 TIMBERLAND WAY FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: <u><i>Kimberly Downing</i></u> <b>SAC</b>		<b>5/24/05 850-688-5139</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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04272005 Chg-P CR2E034 (10/03)