

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000089277 1. Entity Name SAVIDGE SUPPORT SERVICES, INC.					
Principal Place of Business 370 CAMINO GARDENS BLVD. 200C BOCA RATON, FL 33432			Mailing Address 370 CAMINO GARDENS BLVD. 200C BOCA RATON, FL 33432		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number ☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				01042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRADY, FRANK R 370 CAMINO GARDENS BLVD. 200C BOCA RATON, FL 33432			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 <u><i>Frank R. Brady</i></u> Signature, typed or printed name of registered agent and title (if applicable)			DATE <u>01/04/05</u> (NOTE: Registered Agent signature required when resigning)		
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P, D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SAVIDGE, JESSICA L		NAME		
STREET ADDRESS	370 CAMINO GARDENS BLVD., SUITE 200C		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Jessica L. Savidge</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>1/4/05</u> <u>561-665-0171</u> Daytime Phone #		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 Chg-P CR2E034 (10/03)

4. FEI Number ☒ Applied For
☐ Not Applicable

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

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7. Name and Address of New Registered Agent

**BRADY, FRANK R
370 CAMINO GARDENS BLVD.
200C
BOCA RATON, FL 33432**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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SIGNATURE *Frank R. Brady* DATE 01/04/05
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when resigning)

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP	

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 01/20/05--01039--014 **373.75

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SIGNATURE: *Jessica L. Savidge* DATE 1/4/05 561-665-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #