


158.75

# 2007 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	

FILED

07 FEB 28 PM 1:29

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA


02152007 No Chg-P CR2E034 (11/05)

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4. FEI Number 20-1230238	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BRADY, FRANK R 370 CAMINO GARDENS BLVD. 200C BOCA RATON, FL 33432
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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  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>2/15/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	700091008387 08/06/07--01009--003 **372.50
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D SAVIDGE, JESSICA L 370 CAMINO GARDENS BLVD., SUITE 200C BOCA RATON, FL 33432
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\$23/1

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/07  
Date561-338-9256  
Daytime Phone #