

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115953

**FILED**  
**Jan 06, 2005**  
**Secretary of State**

**Entity Name:** THE SAVAGE LAW FIRM, P.A.

**Current Principal Place of Business:**

633 N FRANKLIN STREET SUITE 501  
TAMPA, FL 33601

**New Principal Place of Business:**

633 N FRANKLIN STREET  
SUITE 501  
TAMPA, FL 33602

**Current Mailing Address:**

633 N FRANKLIN STREET SUITE 501  
TAMPA, FL 33601

**New Mailing Address:**

633 N FRANKLIN STREET  
SUITE 501  
TAMPA, FL 33602

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAVAGE, ROBERT  
633 N FRANKLIN STREET SUITE 501  
TAMPA, FL 33601    US

**Name and Address of New Registered Agent:**

SAVAGE, ROBERT  
633 N FRANKLIN STREET  
SUITE 501  
TAMPA, FL 33602    US

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: \_\_\_\_\_ 01/06/2005  
Electronic Signature of Registered Agent                      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:            PD            ( ) Delete  
Name:           SAVAGE, ROBERT  
Address:        633 N FRANKLIN STREET SUITE 501  
City-St-Zip:    TAMPA, FL 33601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PD            (X) Change ( ) Addition  
Name:           SAVAGE, ROBERT  
Address:        633 N FRANKLIN STREET SUITE 501  
City-St-Zip:    TAMPA, FL 33602

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: ROBERT SAVAGE                      PD                      01/06/2005  
Electronic Signature of Signing Officer or Director                      Date