

2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-07-2005 90279 032 ***150.00
P04000140591

FILED

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SECRETARY OF STATE
TALLAHASSEE 3000 25000

DOCUMENT # P04000140591

1. Entity Name
SAVANT FINE DINING INC.



Principal Place of Business
1092 ENISWOOD PARKWAY
PALM HARBOR, FL 34683

Mailing Address
1092 ENISWOOD PARKWAY
PALM HARBOR, FL 34683

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
20-3286449

Applied For
Not Applicable

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

02142005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, DAVID E JR
1092 ENISWOOD PARKWAY
PALM HARBOR, FL 34683

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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete
NAME MILLER, DAVID E JR
STREET ADDRESS 6370 24 STREET SOUTH #383
CITY-ST-ZIP ST PETERSBURG, FL 33711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MILLER, DAVID E SR
STREET ADDRESS 1092 ENISWOOD PARKWAY
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC ☐ Delete
NAME MILLER, JANE E
STREET ADDRESS 1092 ENISWOOD PARKWAY
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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)(f), 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 my address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID MILLER 2/16/05 727 421 9913