

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000163584

1. Entity Name
SAVE CORPORATION



**FILED
Apr 08, 2005 8:00 am
Secretary of State**

04-08-2005 90047 017 ***150.00

Principal Place of Business
1804 HIBISCUS DR - STE 1
EDGEWATER, FL 32132

Mailing Address

1804 HIBISCUS DR - STE 1
EDGEWATER, FL 32132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212005

Chg-P

CR2E034 (10/03)

4. FEI Number

27-0112428

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, CALVIN A
1804 HIBISCUS DR - STE 1
EDGEWATER, FL 32132

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 title if applicable.

(NOTE: Registered Agent signature required when renovating)

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

TITLE D
NAME SANDERS, CALVIN A
STREET ADDRESS 1804 HIBISCUS DR - STE 1
CITY-ST-ZIP EDGEWATER, FL 32132

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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, life empowered.

SIGNATURE:

Calvin A. Sanders

3/31/05

386-428-6021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #