2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with

SIGNATURE:

## DOCUMENT # P05000021532 1. Entity Name Corry 06 APR 29 AH 8: 58 SAVARY OUTDOOR SERVICES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10085 ROSE ROAD 10085 ROSE ROAD TALLAHASSEE FL 32311 TALLAHASSEE FL 32311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 20 - d Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAVARY, JEFF 10085 ROSE ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32311 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 DATE (NOTE, Registered Agent signature renuired when reinstaling) FILE NOW!!! FEE IS \$150.00 .... \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Change Addition TITLE NAME SAVARY, JEFFREY S NAME 900073901819 STREET ADDRESS 10085 ROSE ROAD STREET ADDRESS 05/03/06--01030--020 \*\*150.00 CITY-ST-78 TALLAHASSEE FL 32311 CITY-ST-ZIP ☐ Change Delete TI7LE TITLE Addition CURRY, JEFFREY S NAME NAME STREET ADDRESS STREET ADDRESS 10085 ROSE ROAD TALLAHASSEE FL 32311 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ie NAME NAME R. J. Monti STREET ADDRESS STREET ADDR 743 Red Fern Road Tallahassee, FL 32308-6267 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE r~1 Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THIE 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 exemptions contained in Section 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

Jeff Sitvaray

APPRUZ