

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90023 011 ***150.00

DOCUMENT # P05000029997

1. Entity Name
SAVAGE SILLS, INC



Principal Place of Business
**2050 US HWY 1
LOT 49
MALABAR FL 32950**

Mailing Address
**2050 US HWY 1
LOT 49
MALABAR FL 32950**



2. Principal Place of Business

**2050 US HWY 1
Lot 52**

3. Mailing Address

**2050 US HWY 1
Lot 52**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MALABAR, FLORIDA

City & State

MALABAR, FLORIDA

Zip
32950

Country

FLORIDA

Zip

32950

Country

FLORIDA

4. FEI Number

75-3184018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (4/06)

6. Name and Address of Current Registered Agent

**SAVAGE, NICK
2050 US HWY 1
LOT 49
MALABAR FL 32950**

7. Name and Address of New Registered Agent

Name
Nick Savage

Street Address (P.O. Box Number is Not Acceptable)

2050 US HWY 1

Lot 52

City

MALABAR

FL

Zip Code

32950

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006**

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SAVAGE, NICK
2050 HWY 1, LOT 49
MALABAR FL 32950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Date

Daytime Phone #

Nick Savage 7/17/06 (408) 860-0000

ATTACHMENT

50022790

To Whom it concerns,

#PO508002997

I apologize for not having this form in when it was due, but I never received it before this date 7/17/06. I moved two lots down and the person at the lot where I lived before is a friend of mine and is very good at making sure that I receive my mail. I was never given this form before. He gave me a card that said Attempt To Dissolve on it from the Divisions of Corporations, Florida. I did what it said and then I got this form. I take care of my corporation like it's my child and take it very seriously. I hope you will accept my check for \$150.00, the original filing fee. If you do not believe me, and don't accept my check then I guess I'll have to pay the rest of the fee for being late. I promise you that I'm being very truthful I never received this form before today. Thank You very much for your time.

L.D. Samal
-JA-

P.S. If there is any problem, please contact me at (440) 812-0409