

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P08000000321

1. Entity Name

PHILIP A. SAVILL, PROJECT COORDINATOR, INC.



FILED

08 SEP 15 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

107 15TH AVE S.E.  
ST. PETERSBURG, FL 33701

Mailing Address

107 15TH AVE S.E.  
ST. PETERSBURG, FL 33701

2. Principal Place of Business - No P.O. Box #

107 15th Ave SE

3. Mailing Address

P.O. Box 2839

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST Petersburg FL

City & State

ST Petersburg

Zip

33701

Country

USA

Zip

33731

Country

USA

09102008

Chg-P

CR2E034 (12/06)

4. FEI Number

26-185-1958

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAVILL, PHILIP A  
107 15TH AVE S.E.  
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name Philip A. Savill

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

107 15th Ave SE

City

St Pete

FL

Zip Code

33731

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 \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SAVILL, PHILIP A ☐ Delete  
STREET ADDRESS 107 15TH AVE S.E.  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 09/18/08--01039--001 \*\*158.75  
CITY-ST-ZIP 200136095712  
09/18/08--01039--001 \*\*158.75

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

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

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

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

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

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 #

KS