


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P08000000321</b> 1. Entity Name <b>PHILIP A. SAVILL, PROJECT COORDINATOR, INC.</b>	
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FILED

08 SEP 15 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>107 15TH AVE S.E. ST. PETERSBURG, FL 33701</b>	Mailing Address <b>107 15TH AVE S.E. ST. PETERSBURG, FL 33701</b>
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2. Principal Place of Business - No P.O. Box # <b>107 15th Ave SE</b>	3. Mailing Address <b>P.O. Box 2839</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09102008    Chg-P    CR2E034 (12/06)

City & State <b>ST Petersburg FL</b>	City & State <b>ST Petersburg</b>	4. FEJ Number <b>26-185-1958</b>	Applied For Not Applicable
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Zip <b>33701</b>	Country <b>USA</b>	Zip <b>33731</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  SAVILL, PHILIP A 107 15TH AVE S.E. ST. PETERSBURG, FL 33701	<b>7. Name and Address of New Registered Agent</b>  Name <b>Philip A. Savill</b> Street Address (P.O. Box Number is Not Acceptable) <b>107 15th Ave SE</b>  City <b>St Pete</b> <b>FL</b> Zip Code <b>33731</b>
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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:  (NOTE: Registered Agent signature required when reinstating)    DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P SAVILL, PHILIP A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVILL, PHILIP A	NAME	09/18/08--01039--001 **158.75
STREET ADDRESS	107 15TH AVE S.E.	STREET ADDRESS	200136095712
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	CITY-ST-ZIP	09/18/08--01039--001 **158.75
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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**