

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045374

Entity Name: MARC SAVY ACCOUNTING, INC.

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

10010 SKINNER LAKE DRIVE APT 837  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

10901 BURNT MILL RD.  
UNIT 1804  
JACKSONVILLE, FL 32256

## Current Mailing Address:

25 PINE CONE DR  
SUITE 2A  
PALM COAST, FL 32164

## New Mailing Address:

FEI Number: 74-3258614      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAVY, BANJAMIN  
25 PINE CONE DRIVE  
SUITE 2A  
PALM COAST, FL 32164 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAVY, MARC A  
Address: 10010 SKINNER LAKE DRIVE APT 837  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SAVY, MARC A  
Address: 10901 BURNT MILL RD. UNIT 1804  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC SAVY

PRES

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date