

2005 FOR PROFIT CORPORATION ANNUAL REPORT


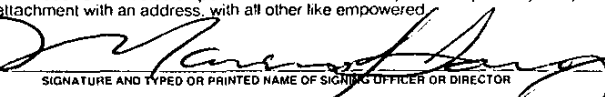
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Apr 26, 2005 8:00 am
Secretary of State

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04182005 Chg-P CR2E034 (10/03)

DOCUMENT # P33873					
1. Entity Name JOHN SAVOY & SON, INC.					
Principal Place of Business 300 HOWARD ST MONTTOURSVILLE, PA 17754			Mailing Address PO BOX 248 MONTTOURSVILLE, PA 17754		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 24-0817525	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WINDFELDT, KATHERINE 109 CEDAR OAK TRAIL LONGWOOD, FL 32750			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P SAVOY, JOHN A. <input type="checkbox"/> Delete	TITLE	P SAVOY, JOHN A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAVOY, JOHN A.	NAME	SAVOY, JOHN A		
STREET ADDRESS	PO BOX 2489	STREET ADDRESS	300 HOWARD ST		
CITY-ST-ZIP	MONTTOURSVILLE, PA 17754	CITY-ST-ZIP	MONTTOURSVILLE PA 17754		
TITLE	V SAVOY, MARCUS J. <input type="checkbox"/> Delete	TITLE	V SAVOY, MARCUS J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAVOY, MARCUS J.	NAME	SAVOY, MARCUS J		
STREET ADDRESS	PO BOX 248	STREET ADDRESS	300 HOWARD ST		
CITY-ST-ZIP	MONTTOURSVILLE, PA 17754	CITY-ST-ZIP	MONTTOURSVILLE PA 17754		
TITLE	S SAVOY, CAROL A. <input type="checkbox"/> Delete	TITLE	S SAVOY, CAROL A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAVOY, CAROL A.	NAME	SAVOY, CAROL A		
STREET ADDRESS	PO BOX 249	STREET ADDRESS	300 HOWARD ST		
CITY-ST-ZIP	MELVILLE, NY 117754	CITY-ST-ZIP	MONTTOURSVILLE PA 17754		
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 exemption stated in Section 119.07(3)(i), 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 as an attachment with an address, with all other like empowered.					
SIGNATURE:  04/29/05 (570)368-2424					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					