2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

RECEIVED JAN 0 4 2008

DOCUMENT # P33873

1. Entity Name
JOHN SAVOY & SON, INC.

Principal Place of Business	Mailing Address
300 HOWARD ST MONTOURSVILLE, PA 17754	PO BOX 248 MONTOURSVILLE, PA 17754

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
24-0817525

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WINDFELDT, KATHERINE
109 CEDAR OAK TRAIL
LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAVOY, JOHN A.
STREET ADDRESS	300 HOWARD ST
CITY-ST-ZIP	MONTOURSVILLE, PA 17754
TITLE	V
NAME	SAVOY, MARCUS J.
STREET ADDRESS	300 HOWARD ST
CITY-ST-ZIP	MONTOURSVILLE, PA 17754
TITLE	S
NAME	SAVOY, CAROL A.
STREET ADDRESS	300 HOWARD ST
CITY-ST-ZIP	MONTOURSVILLE, PA 17754
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000783611
01/16/08-80021-019 150.00

DO NOT WRITE IN THIS SPACE

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 changes or on an attachment with an address, with all other like empowered.*

SIGNATURE: Carol A Savoy 1-8-08 570-368-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #