


2004 FOR PROFIT CORPORATION ANNUAL REPORT

PAKELoty

DOCUMENT # P93000000244		
1. Entity Name SAVAGE ENTERPRISES, INC.		

FILED
04 JAN 14 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9173 NOAH DAVIS ROAD GLEN ST MARY, FL 32040 US	Mailing Address P O BOX 460 GLEN ST MARY, FL 32040
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01152004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3160189	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 SMITH, MARY J. 9173 NOAH DAVIS ROAD GLEN ST. MARY, FL 32040	
--	--

7. Name and Address of New Registered Agent	
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: _____	DATE: _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100027770001 01/29/04--01028--001 **150.00
---	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MARY J. 9173 NOAH DAVIS ROAD GLEN SAINT MARY, FL 32040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, WILLIAM L 9173 NOAH DAVIS ROAD GLEN SAINT MARY, FL 32040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____		Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



Division of Corporations

Annual Report

Page 1

Document Number

P93000000244

Business Entity Name

SAVAGE ENTERPRISES, INC.

FEI Number

593160189

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

9173 NOAH DAVIS ROAD

Suite, Apt. #, etc.

City, State

GLEN ST MARY

FL

Zip Code & Country

32040

US

Mailing Address

Address

P O BOX 460

Suite, Apt. #, etc.

City, State

GLEN ST MARY

FL

Zip Code & Country

32040

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SMITH

MARY J.

-or- RA Business Name

Address

9173 NOAH DAVIS ROAD

Suite, Apt. #, etc.

City, State

GLEN ST. MARY

FL

Zip Code & Country

32040

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Page 3 of 4



Division of Corporations

Annual Report

Page 2

Document Number

P93000000244

Business Entity Name

SAVAGE ENTERPRISES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

Page 4 of 4

City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	<input type="text" value="PD"/>
Officer/Director Signature	<input type="text" value="T. May J. Smith"/>

Sunbiz Home Page

Public Access Help