


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90068 003 ***150.00

DOCUMENT # P93000000244 1. Entity Name SAVAGE ENTERPRISES, INC.					
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 9173 Noah Davis Rd Suite, Apt. #, etc.			
City & State Zip Country		City & State Glen St. Mary, Fl Zip Country		4. FEI Number 59-3160189	
City & State Zip Country		City & State Glen St. Mary, Fl Zip Country		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 _____ <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, 2008 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 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	
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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: <i>Mary J. Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/8/2008 9042752944 <small>Date Daytime Phone #</small>		