


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90049 008 \*\*\*150.00

<b>DOCUMENT # P95000015040</b> 1. Entity Name SAVANNAH LAND CORPORATION	
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Principal Place of Business  
450 EAST LAS OLAS BLVD.  
SUITE 1500  
FORT LAUDERDALE, FL 33301

Mailing Address  
450 EAST LAS OLAS BLVD.  
SUITE 1500  
FORT LAUDERDALE, FL 33301

**50017184**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0581054	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

AMERICAN INFORMATION SERVICES, INC  
ONE SE THIRD AVE  
27TH FL  
MIAMI, FL 33131

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HUIZENGA, JR., H. WAYNE
STREET ADDRESS	450 EAST LAS OLAS BLVD., STE. 1500
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	VPAS
NAME	HENNINGER, ROBERT J
STREET ADDRESS	450 EAST LAS OLAS BLVD., STE. 1500
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	VT
NAME	BRANDEN, CRIS V
STREET ADDRESS	450 EAST LAS OLAS BLVD., 15 FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #