

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90192 032 ***150.00

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1. Entity Name
SAVANNAH LAND CORPORATION



60033893

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0581054

Applied For
Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

**Service U.S.A., Inc
450 E. Las Olas Blvd.
Suite 1500
Ft. Lauderdale, FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**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	PD	<input type="checkbox"/> Delete
NAME	HUIZENGA, JR., H. WAYNE	
STREET ADDRESS	450 EAST LAS OLAS BLVD., STE. 1500	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	HENNINGER, ROBERT J	
STREET ADDRESS	450 EAST LAS OLAS BLVD., STE. 1500	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BRANDEN, CRIS V	
STREET ADDRESS	450 EAST LAS OLAS BLVD., 15 FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD L. HANDLEY	
STREET ADDRESS	450 East Las Olas Blvd, Ste 1500	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #