

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P95000024949**

**1. Entity Name  
SANAVAR CORPORATION**



**Principal Place of Business  
4002 GREYSTONE DR.  
CLERMONT, FL 34711**

**Mailing Address  
4002 GREYSTONE DR.  
CLERMONT, FL 34711**



01132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-3317008**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

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

**EGAN, THOMAS  
2107 SOUTHEAST 3RD AVE.  
OCALA, FL 34471**

**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 restate.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

U000000592129  
01/19/07-80052-001 158.75

**10. OFFICERS AND DIRECTORS**

<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>PD SMITH, RANDALL L 4002 GREYSTONE DR. CLERMONT, FL 34711</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>VPD MCCARTHY, STEVEN M 7800 OSCEOLA-POLK LINE RD DAVENPORT, FL 33896</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>SD SMITH, VIRGINIA A 4002 GREYSTONE DR CLERMONT, FL 34711</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>TD MCCARTHY, NILA V 7800 OSCEOLA-POLK LINE RD DAVENPORT, FL 33896</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	

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

**SIGNATURE:** *Randall L Smith* **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/15/07* **352-243-9917**

Daytime Phone #

*RANDALL L SMITH*