

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050142

FILED  
Apr 17, 2006  
Secretary of State

**Entity Name:** HUBBARD AND SARA SAVAGE & ASSOCIATES, INC.

**Current Principal Place of Business:**

9511 SCENIC HIGHWAY  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

9511 SCENIC HIGHWAY  
PENSACOLA, FL 32514 US

**New Mailing Address:**

**FEI Number:** 58-2341283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAVAGE, SARA  
9511 SCENIC HIGHWAY  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SAVAGE, HUBBARD  
Address: 9511 SCENIC HIGHWAY  
City-St-Zip: PENSACOLA, FL 32514

Title: VSD ( ) Delete  
Name: SAVAGE, SARA  
Address: 9511 SCENIC HIGHWAY  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: SAVAGE, RAY E  
Address: 607 E. BREVARD STREET  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D ( ) Delete  
Name: SAVAGE, RICHARD H  
Address: 2008 BRENTWOOD DRIVE  
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete  
Name: SAVAGE, RUSSELL W  
Address: 38 HILLCREST  
City-St-Zip: PLATTE CITY, MO 64079

Title: D ( ) Delete  
Name: SAVAGE, RYAN D  
Address: 1827 E LEE STREET  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SARA SAVAGE

VSD

04/17/2006

Electronic Signature of Signing Officer or Director

Date