2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050142

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

FILED Mar 09, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	IIC HIGHWAY _A, FL 32514	US		INE MILE ROAD LA, FL 32514 US	
Current Mailing Address:			New Mailir	New Mailing Address:	
	IIC HIGHWAY _A, FL 32514	US		WOOD DRIVE LA, FL 32514 US	
FEI Number:	58-2341283	FEI Number Applied For ()	El Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SAVAGE, SARA 9511 SCENIC HIGHWAY PENSACOLA, FL 32514 US			63 BLITHE	SAVAGE, SARA 63 BLITHEWOOD DRIVE PENSACOLA, FL 32514 US	
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:				03/09/2007	
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () C SAVAGE, HUBBA 9511 SCENIC HIC PENSACOLA, FL	SHWAY	Title: Name: Address: City-St-Zip:	PTD (X) Change () Addition SAVAGE, HUBBARD 63 BLITHEWOOD DRIVE PENSACOLA, FL 32514	
Title: Name: Address: City-St-Zip:	VSD () D SAVAGE, SARA 9511 SCENIC HIG PENSACOLA, FL		Title: Name: Address: City-St-Zip:	VSD (X) Change () Addition SAVAGE, SARA 63 BLITHEWOOD DRIVE PENSACOLA, FL 32514	
Title: Name: Address: City-St-Zip:	D () D SAVAGE, RAY E 607 E. BREVARD TALLAHASSEE, F		Title: Name: Address: City-St-Zip:	D (X) Change () Addition SAVAGE, RAY E 902 KENNY DRIVE PENSACOLA, FL 32504 US	
Title: Name: Address: City-St-Zip:	D () C SAVAGE, RICHAF 2008 BRENTWOO AUBURNDALE, F	DD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () C SAVAGE, RUSSE 38 HILLCREST PLATTE CITY, MO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () C SAVAGE, RYAN D 1827 E LEE STRI PENSACOLA, FL	EET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 03/09/2007