## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000050142

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

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2475 E. NINE MILE ROAD SUITE I PENSACOLA, FL 32514 US			9511 SCENIC HIGHWAY PENSACOLA, FL 32514 US			
Current Mailing Address:				New Mailing Address:		
	WOOD DRIVE A, FL 32514	US			IC HIGHWAY A, FL 32514 US	
FEI Number:	58-2341283	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( ) Certificate of Status Desire	ed ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SAVAGE, SARA 63 BLITHEWOOD DRIVE PENSACOLA, FL 32514 US			SAVAGE, SARA 9511 SCENIC HIGHWAY 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: 03/31/2009						
	Electronic	Signature of Registered Agent	İ		Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PTD () D SAVAGE, HUBBAI 63 BLITHEWOOD PENSACOLA, FL	RD DRIVE		Title: Name: Address: City-St-Zip:	PTD (X) Change ( ) Addition SAVAGE, HUBBARD 9511 SCENIC HIGHWAY PENSACOLA, FL 32514	
Title: Name: Address: City-St-Zip:	VSD () D SAVAGE, SARA 63 BLITHEWOOD PENSACOLA, FL	DRIVE		Title: Name: Address: City-St-Zip:	VSD (X) Change ( ) Addition SAVAGE, SARA 9511 SCENIC HIGHWAY PENSACOLA, FL 32514	
Title: Name: Address: City-St-Zip:	D () D SAVAGE, RAY E 902 KENNY DRIV PENSACOLA, FL	E		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition SAVAGE, RAY E 63 BLITHEWOOD DRIVE PENSACOLA, FL 32514 US	
Title: Name: Address: City-St-Zip:	D () D SAVAGE, RICHAR 2008 BRENTWOO AUBURNDALE, FI	RD H DD DRIVE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () D SAVAGE, RUSSE 38 HILLCREST PLATTE CITY, MC	LL W		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () D SAVAGE, RYAN D 1827 E LEE STRE 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 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 03/31/2009