2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 08:00 AM Secretary of State

(727)992-4458

Daylima Phone d

05/01/06

DOCUMENT # P97000070721 1. Enlity Name COM-SAV, INC. Principal Place of Business 9240 TARA DRIVE NEW PORT RICHEY, FL 34654 DO NOT WRITE IN THIS SPACE DA292008 No Chg-P CR2E034 (11/05) A FEI Number A SPACE A SPACE	ANNUAL REPURI				Secretary of State				
DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DATE OF THE PROPERTY OF THE PROPERY	1. Entity Nan	ne	721		{	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. J		
DO NOT WRITE IN THIS SPACE A FEMulation	9240 TARA	DRIVE	9240 TARA DRIVE				1 12 % 1 11 % 211% 1230	970) (MANARO (1 180)	
DONNELLY, WILLIAM 9249 TARA DR NEW PORT RICHEY, FL 34654 8. The above named onlifty submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signa-hydre or printed from a tegroses over and the Lacorctor. PRILE NOWITE FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 176.5 TURE 1	C		CE	04292008 4. FEI Numb 59-348	No Chg-P er 95700	CR2E034 (11	Applied For Not Applicable 5 Additional		
BOONOT 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 FILE NOWITE FEE IS \$150.00		e. Name and Address of Current Ro	}						
THE HOUSE STREET ADDRESS CITY-ST-ZP TITE INC. TITE	9249 TARA DR								
FILE NOW!!I FEE IS \$150.00 After May 1, 2006 Fee will be \$500.00 OFFICERS AND DIRECTORS TILE OONNELLY, WILLIAM W JR STRET ADDRESS CITY-ST-ZIP TITE ITHE MAKE STRET ADDRESS CITY-ST-ZIP TITE ITHE MAKE STRET ADDRESS CITY-ST-ZIP TITE									
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.									
TITLE IMAGE DONNELLY, WILLIAM W JR 9240 TARA DRIVE NEW PORT RICHEY, FL 34654 TITLE MAKE STREET ADDRESS CITY-ST-ZPP TITLE MAKE MAKE STREET ADDRESS CITY-ST-ZPP TITLE MAKE MAKE STREET ADDRESS CITY-ST-ZPP TITLE MAKE M	After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees								
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE NAME NAME STREET ADDRESS ST			RECTORS	ļ					
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME		{ -		1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM)	1	-	1		7,00,000	560515 550515	450 00	
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	-	ł		02/19/02-	80041-052	120.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	([
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	ſ			İ					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TYTLE NAME STREET ADDRESS CITY-ST-ZIP TYTLE NAME NAME	CITY-ST-ZIP		- <u>-</u> <u></u> <u></u> -	}					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TYPLE NAME NAME NAME NAME NAME NAME				}					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME				1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TYTLE NAME	CITY-ST-ZIP				DO	M TON	RITE		
STREET ADDRESS CITY-SI-ZIP WILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME				Ì	IN T	THIS SP	ACF		
TITLE NAME NAME TOLE NAME				l .	,, ,				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				1					
STREET ADDRESS CITY-ST-ZIP TITUE NAME				ł					
CITY-ST-ZIP - TITLE NAME			!	Ì					
NAME			- i	ļ					
				l					

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.

William W. Donnelly RINTED NAME OF STORMS OFFICER OR DIRECTOR

SIGNATURE: Note