

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90146 009 \*\*\*158.75

**DOCUMENT # P98000105958**

1. Entity Name

**SAVAGE METAL, INC.**



Principal Place of Business

2499 OLD LAKE MARY ROAD  
SUITE 122  
SANFORD FL 32771

Mailing Address

2499 OLD LAKE MARY ROAD  
SUITE 122  
SANFORD FL 32771



2. Principal Place of Business

**240 San Marcos Ave**

3. Mailing Address

**240 San Marcos Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Box 5**

City & State

**Sanford, FL**

City & State

**Sanford, FL**

Zip

**32771**

Country

**USA**

Zip

**32771**

Country

**USA**

4. FEI Number

**59-3548834**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**SAVAGE, JAMIE V  
1408 S. OAK STREET  
SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SAVAGE, TERRY**  
STREET ADDRESS **14206 PLANTATION LAKES CIRCLE**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **PD** ☐ Delete  
NAME **SAVAGE, JAMIE**  
STREET ADDRESS **1408 S. OAK STREET**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **STD** ☐ Delete  
NAME **SAVAGE, VIVIAN**  
STREET ADDRESS **1516 VALENCIA STREET**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**Jamie Savage**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-30-06 (407) 324-4905**  
Filing Phone #