

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051233

Entity Name: SAVISTE INC.

FILED  
Apr 06, 2006  
Secretary of State

## Current Principal Place of Business:

229 SW 45TH ST.  
CAPE CORAL, FL 33914

## New Principal Place of Business:

2716 NW 4TH ST  
CAPE CORAL, FL 33993

## Current Mailing Address:

229 SW 45TH ST.  
CAPE CORAL, FL 33914

## New Mailing Address:

2716 NW 4TH ST  
CAPE CORAL, FL 33993

FEI Number: 65-0932794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAVISTE, ROBERT  
229 SW 45TH ST.  
CAPE CORAL, FL 33914 US

## Name and Address of New Registered Agent:

SAVISTE, ROBERT  
2716 NW 4TH ST  
CAPE CORAL, FL 33993 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:

04/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: SAVISTE, TAAVO  
Address: 178 ANCHORAGE ST  
City-St-Zip: FT MYERS BEACH, FL 33931 US

Title: S ( ) Delete  
Name: SAVISTE, NITA  
Address: 178 ANCHORAGE ST  
City-St-Zip: FT MYERS BEACH, FL 33931 US

Title: P ( ) Delete  
Name: SAVISTE, ROBERT  
Address: 229 SW 45TH ST.  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change ( ) Addition  
Name: SAVISTE, ROBERT  
Address: 2716 NW 4TH ST  
City-St-Zip: CAPE CORAL, FL 33993 US

Title: T ( ) Change (X) Addition  
Name: SAVISTE, DOROTHY  
Address: 2716 NW 4TH ST  
City-St-Zip: CAPE CORAL, FL 33993

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: DOROTHY SAVISTE

T

04/06/2006

Electronic Signature of Signing Officer or Director

Date