


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V55583**  
1. Entity Name  
**SAVIDGE MANAGEMENT AND CONSULTING, INC.**



Principal Place of Business      Mailing Address  
11120 HWY 41 S      7620 LOVEGREN LN  
GIBSONTON, FL 33534 US      GIBSONTON, FL 33534-5328 US

**DO NOT WRITE IN THIS SPACE**



01282005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-3140820</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SAVIDGE, WARREN R  
7620 LOVEGREN LANE  
GIBSONTON, FL 33534

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAVIDGE, WARREN R.
STREET ADDRESS	7620 LOVEGREN LN
CITY-ST-ZIP	GIBSONTON, FL
TITLE	D
NAME	SAVIDGE, ALICE P.
STREET ADDRESS	7620 LOVEGREN LN
CITY-ST-ZIP	GIBSONTON, FL
TITLE	D
NAME	SAVIDGE, DEBRA M.
STREET ADDRESS	7620 LOVEGREN LN
CITY-ST-ZIP	GIBSONTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/05-80093-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Warren R. Savidge    **WARREN R. SAVIDGE**    01/27/05    (813) 671-7812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #