


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90115 019 ***150.00

DOCUMENT # 357899

1. Entity Name
AMERICAN AUTO SALVAGE INC



| | |
|--|--|
| Principal Place of Business 407 N. 22ND ST TAMPA, FL 33605 | Mailing Address 407 N. 22ND ST TAMPA, FL 33605 |
|--|--|

DO NOT WRITE IN THIS SPACE

40000



04072008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1312370 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CASTELLANO, SAM
 407 N 22ND ST
 TAMPA, FL 33605

DO NOT 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD CASTELLANO, JOHN 102 RONELLE DRIVE BRANDON, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD CASTELLANO, MARY 401 N. 22ND ST. TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CASTELLANO, SAM 6202 36TH AVE SOUTH TAMPA FL, |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ Date 4-18-08 Daytime Phone # _____

John Castellano