2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State
07-16-2004 90007 026 ***150.00

DOCUMENT # P02000103047

1. Entity Name
DELAND AUTO SALVAGE, INC.

66431149

Principal Place of Business	Mailing Address
210 N RIDGEWOOD AVE DELAND, FL 32720	210 N RIDGEWOOD AVE DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

07092004 No Chg-P CR2E034 (10/03)

4. FEI Number
90-0052271
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLON, MILTON A
210 N RIDGEWOOD AVE
DELAND, FL 32720

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCMILLON, MILTON A
STREET ADDRESS	P O BOX 740056
CITY-ST-ZIP	ORANGE CITY, FL 327740056
TITLE	D
NAME	MCMILLON, MARY JO
STREET ADDRESS	P O BOX 740056
CITY-ST-ZIP	ORANGE CITY, FL 327740056
TITLE	Vice President
NAME	Greg Molinari
STREET ADDRESS	2256 Oakhill Dr
CITY-ST-ZIP	Deland FL. 32720
TITLE	Sec/Treas
NAME	Melanie Molinari
STREET ADDRESS	2256 Oakhill Dr.
CITY-ST-ZIP	Deland, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: Milton A. McMillon 7/12/04 386-734-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #