

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

02-02-2006 90037 025 ****35.00
03-21-2006 90045 021 ****115.00

DOCUMENT # P96000001253	
1. Entity Name FLORIDA AUTO & SALVAGE, INC.	

Principal Place of Business 1875 SR 207 SAINT AUGUSTINE, FL 32084	Mailing Address 1875 SR 207 ST AUGUSTINE, FL 32086
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50004056



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02272006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3356377	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
VERA, ALLEN 1875 SR 207 ST AUGUSTINE, FL 32086	

7. Name and Address of New Registered Agent	
Name Riad Chatila	
Street Address (P.O. Box Number is Not Acceptable)	
57 Menendez Road	
City St. Augustine	Zip Code FL 32080

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: *Riad Chatila* **RIAD CHATILA** 3/6/06
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**

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	PSTD WILLIAMS, JAMES 1875 SR 207 SAINT AUGUSTINE, FL 32086 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZIEMBINSKI-ALLEN, VERA 1875 SR207 ST. AUGUSTINE, FL 32086 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Abraham Riad Chatila 57 Menendez Road St. Augustine, FL 32080 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D Riad Chatila 57 Menendez Road St. Augustine, FL 32080 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ghada Chatila 57 Menendez Road St. Augustine, FL 32080 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Abdul Rahman Chatila 57 Menendez Road St. Augustine, FL 32080 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Riad Chatila* **RIAD CHATILA** 3/6/06 9046693751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #