

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**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**



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1312370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000149599  
05/03/04-80188-025 150.00

10. OFFICERS AND DIRECTORS

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

*Mary Castellano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-04 813 2475491

Date

Daytime Phone #