

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 390446**

1. Entity Name  
**SALIENT INDUSTRIES, INC.**



Principal Place of Business

**12407 N 53RD ST  
TAMPA, FL 33617**

Mailing Address

**12407 N 53RD ST  
TAMPA, FL 33617**

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1555888**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**REILY, RUTH  
12407 N 53RD ST  
TAMPA, FL 33617**

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SHRYOCK, DAVID B.
STREET ADDRESS	9334 N. DARTMOUTH AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	STD
NAME	REILY, RUTH
STREET ADDRESS	12407 N. 53RD ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	PD
NAME	LITTLE, HAROLD L.
STREET ADDRESS	3013 GRAHAM LANE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000294035  
04/08/05-80052-015 150.00

**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:

*Ruth Reily* **RUTH REILY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/5/05*  
Date

*813-988-6529*  
DayTime Phone #