


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 398651</b> 1. Entity Name <b>T &amp; M SALVAGE, INC.</b>	
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Principal Place of Business <b>2605 HIGHWAY 37 SOUTH MULBERRY FL 33860</b>	Mailing Address <b>P O BOX 100 MULBERRY FL 33860</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E034 (10/06)

4. FEI Number <b>59-1404663</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>MCCULLEY, ADELINA 2605 S.R. 37 SOUTH MULBERRY FL 33860</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; padding: 5px;">P</td> <td style="padding: 5px;"><b>MCCULLEY, ADELINA</b></td> <td style="width: 10%; text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="padding: 5px;"><b>6406 YVETTE DRIVE</b></td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;"><b>HUDSON FL 34667</b></td> <td></td> </tr> </table>	P	<b>MCCULLEY, ADELINA</b>	<input type="checkbox"/> Delete		<b>6406 YVETTE DRIVE</b>			<b>HUDSON FL 34667</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="padding: 5px;"></td> <td style="width: 10%; text-align: right; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="padding: 5px; text-align: center;"><b>U00000661142</b></td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px; text-align: center;"><b>03/20/07-80028-024 150.00</b></td> <td></td> </tr> </table>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>U00000661142</b>			<b>03/20/07-80028-024 150.00</b>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  3-6-07 863-425-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #