2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #636558

1. Entity Name

BILL SALTER ADVERTISING, INC.

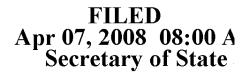


Principal Place of Business

5547 HIGHWAY 90 POST OFFICE BOX 761 MILTON, FL 32572

Mailing Address

5547 HIGHWAY 90 POST OFFICE BOX 761 MILTON, FL 32572





DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 03262008

4. FEI Number Applied For 59-2188894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

850-994-4611

6. Name and Address of Current Registered Agent

SALTER, WILLIAM O. 5547 HIGHWAY 90 MILTON, FL 32572

SIGNATURE: 4

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, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution		cing 🗍	\$5.00 May Be Added to Fees	U00000883540	
10.	OFFICERS AND DIREC	CTORS			04/17/08-80007-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALTER, WILLIAM O. 5736 WILLARD NORRIS ROAD MILTON, FL				0 11 11 00 00001 000 100 100 100 100 10
THEE NAME STREET ADDRESS CITY-ST-ZIP	ST SALTER, HELEN M. 5736 WILLARD NORRIS ROAD MILTON, FL				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CNY-ST-71P				IN	THIS SPACE
TITEE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE TO			 		•
STREET AUDRESS		÷	1		
CITY-ST-ZIP			1		
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 truetee expowered 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 addition with all other like empowered.					

William O. Salter