

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90003 048 \*\*\*150.00

**DOCUMENT # F99000000815**

1. Entity Name

**SALYER CORPORATION**



Principal Place of Business

**7126 SHARON HOLLOW RD  
MANCHESTER MI 48158**

Mailing Address

**7126 SHARON HOLLOW RD  
MANCHESTER MI 48158**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, GLADYS H  
15046 BROOK RIDGE BLVD  
BROOKSVILLE FL 34613**

Name

**LARRY HOWELL**

Street Address (P.O. Box Number is Not Acceptable)

**1568 W MAIN ST**

City

**PONCE DE LEON FL**

Zip Code

**32455**

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

**LARRY HOWELL**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-28-2004**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE	CPT	<input type="checkbox"/> Delete
NAME	SALYER, LARRY L	
STREET ADDRESS	7126 SHARON HOLLOW RD	
CITY-ST-ZIP	MANCHESTER MI 48158	
TITLE	V	<input type="checkbox"/> Delete
NAME	SALYER, JOANN R	
STREET ADDRESS	7126 SHARON HOLLOW RD	
CITY-ST-ZIP	MANCHESTER MI 48158	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, LARRY	
STREET ADDRESS	7126 SHINY HOLLOW RD	
CITY-ST-ZIP	MANCHESTER MI 48158	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PICKELL, AMBER	
STREET ADDRESS	1300 CEDAR LAKE ROAD	
CITY-ST-ZIP	HOWELL MI 48843	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Larry L Salyer</b>	
STREET ADDRESS	<b>7126 Sharon Hollow Rd</b>	
CITY-ST-ZIP	<b>Manchester, MI 48158-8576</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**Larry L Salyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-22-04**

Date

**734428 7389**

Daytime Phone #