

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # H86225

1. Entity Name
SUWANNEE SALVAGE, INC.



Principal Place of Business
**13396 76TH STREET
LIVE OAK, FL 32060 US**

Mailing Address
**13396 76 ST.
LIVE OAK, FL 32060 US**



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2606754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, BRADFORD C.
14544 96TH PLACE
LIVE OAK, FL 32060**

**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 Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000900578
04/29/08-80035-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LEWIS, LEROY D., SR.**
STREET ADDRESS **12632 US 129 SOUTH**
CITY-ST-ZIP **LIVE OAK, FL**

TITLE **V**
NAME **LEWIS, LAURENCE LEE**
STREET ADDRESS **12654 US 129 SOUTH**
CITY-ST-ZIP **LIVE OAK, FL**

TITLE **V**
NAME **LEWIS, LEROY D., JR.**
STREET ADDRESS **10843 SR 51 SOUTH**
CITY-ST-ZIP **LIVE OAK, FL**

TITLE **ST**
NAME **LEWIS, BRADFORD C.**
STREET ADDRESS **14544 96TH PLACE**
CITY-ST-ZIP **LIVE OAK, 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 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 386-362-5004
Date Daytime Phone #