

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # J17191

1. Entity Name  
NEESE AUTO SALVAGE, INCORPORATED



Principal Place of Business      Mailing Address  
U.S. HWY 29 N.      U.S. HWY 29 N.  
P.O. BOX 103      P.O. BOX 103  
CANTONMENT, FL 32533      CANTONMENT, FL 32533



01102005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
59-2705656      Not Applicable

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

**6. Name and Address of Current Registered Agent**

NEESE, WOODROE I.  
U.S. HWY. 29 N.  
CANTONMENT, FL 32533

**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 Woodroe I. Neese  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE 1/14/05

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

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME NEESE, WOODROE I.  
STREET ADDRESS HWY 29 NORTH, P.O. BOX 103  
CITY - ST - ZIP CANTONMENT, FL

TITLE D  
NAME NEESE, MICHAEL A.  
STREET ADDRESS HWY. 29 NORTH, P.O. BOX 103  
CITY - ST - ZIP CANTONMENT, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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01/14/05-80039-022 150.00

**DO NOT WRITE  
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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: Woodroe I. Neese  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/14/05

DAYPHONE PHONE #