

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

03-12-2008 90033 045 \*\*\*\*\*5.00

03-31-2008 90005 029 \*\*\*145.00

**DOCUMENT # J17191**

1. Entity Name  
**NEESE AUTO SALVAGE, INCORPORATED**



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

Mailing Address  
**U.S. HWY 29 N.  
P.O. BOX 103  
CANTONMENT, FL 32533**

**40054219**



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2705656**

Applied For  
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 Neese*

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

(NOTE: Registered Agent signature required when reappointing)

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**

**10. OFFICERS AND DIRECTORS**

TITLE	PO
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	
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

Date

Daytime Phone #