

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J17191

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** NEESE AUTO SALVAGE, INCORPORATED

**Current Principal Place of Business:**

U.S. HWY 29 N.  
US HWY 29 NORTH  
CANTONMENT, FL 32533

**New Principal Place of Business:**

U.S. HWY 29 N.  
US HWY 29 NORTH  
CANTONMENT, FL 32533 US

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2705656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NEESE, WOODROE I.  
Address: HWY 29 NORTH, P.O. BOX 103  
City-St-Zip: CANTONMENT, FL

Title: D  
Name: NEESE, MICHAEL A.  
Address: HWY. 29 NORTH, P.O. BOX 103  
City-St-Zip: CANTONMENT, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WOODROE I NEESE

PD

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date