

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90042 019 \*\*\*150.00

**DOCUMENT # K14870**

1. Entity Name

ACE SALVAGE, INC.



Principal Place of Business

HWY. 90 MIDWAY  
MIDWAY FL 32343

Mailing Address

P.O. BOX 496  
MIDWAY FL 32343



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2879351**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

PASSETT, JOHN  
3070 SHARER RD.  
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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]*  
Signature typed as printed name of registered agent and title if applicable.

*Pres.*  
(NOTE: Registered Agent signature required when reinstating)

DATE

*1-22-07*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	P	<input type="checkbox"/> Delete
NAME	PASSETT, JOHN	
STREET ADDRESS	3077 SHARER STREET	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KENT, GARY	
STREET ADDRESS	VILLA LANE P.O BOX 496	
CITY, ST, ZIP	MIDWAY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOTY, SANDRA	
STREET ADDRESS	3347 SHELIN DR	
CITY, ST, ZIP	HAVANA FL 32333	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RONNIE HAMILTON	
STREET ADDRESS	2349 MOON LANE	
CITY, ST, ZIP	TALLAHASSEE FL 32343	
TITLE		<input type="checkbox"/> Delete
NAME	<del>Richard Assett</del>	
STREET ADDRESS	<del>1650 Cromwell Ct (S.W.)</del>	
CITY, ST, ZIP	<del>LAKE CITY FL 32025</del>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	Richard Assett	
CITY, ST, ZIP	167 S.W. Cromwell Ct	
	LAKE CITY FL 32025	
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 exemptions contained in Section 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:

*Sandy Doty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-22-07 (850) 574-1364*  
Date Daytime Phone #