

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90029 050 ***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 #

31556 BlueStar Hwy

3. Mailing Address

PO Box 496

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Midway

City & State

Midway FL

4. FEI Number

59-2879351

Applied For

Not Applicable

Zip

Country

USA

Zip

32343

Country

USA

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, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when submitting g)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 checked="" 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	D	<input type="checkbox"/> Delete
NAME	PASSETT, RICHARD	
STREET ADDRESS	167 SW CROMWELL CT.	
CITY-ST-ZIP	LAKE CITY FL 32025	
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
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STREET ADDRESS	
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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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08

Date

850 574-1364

Daytime Phone #