

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K14870

Entity Name: ACE SALVAGE, INC.

FILED  
Feb 13, 2009  
Secretary of State

## Current Principal Place of Business:

31556 BLUE STAR HWY  
MIDWAY, FL 32343

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 496  
MIDWAY, FL 32343

## New Mailing Address:

FEI Number: 59-2879351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PASSETT, JOHN  
3070 SHARER RD.  
TALLAHASSEE, FL 32310 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PASSETT, JOHN,  
Address: 3077 SHARER STREET  
City-St-Zip: TALLAHASSEE, FL

Title: ST ( ) Delete  
Name: DOTY, SANDRA  
Address: 3347 SHELINE DR  
City-St-Zip: HAVANA, FL 32333

Title: VP ( ) Delete  
Name: RONNIE HAMILTON,  
Address: 2349 MOON LANE  
City-St-Zip: TALLAHASSEE, FL 32343

Title: D ( ) Delete  
Name: PASSETT, RICHARD  
Address: 167 SW CROMWELL CT.  
City-St-Zip: LAKE CITY, FL 32025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDY DOTY

S/T

02/13/2009

Electronic Signature of Signing Officer or Director

Date