


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90086 016 \*\*\*150.00

<b>DOCUMENT # L70235</b> 1. Entity Name <b>ABC SALVAGE, INC.</b>					
Principal Place of Business <b>714 N.E. 27TH AVENUE HALLANDALE, FL 33009 US</b>			Mailing Address <b>714 N.E. 27TH AVENUE HALLANDALE, FL 33009 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6022 N US HWY 41</b>		3. Mailing Address <b>6022 N US HWY 41</b>		Suite, Apt. #, etc. <b>148</b>	
City & State <b>APOLLO BEACH, FL</b>		City & State <b>APOLLO BEACH, FL</b>		4. FEI Number <b>65-0177972</b>	
Zip <b>33572</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CASAVANT, BARBARA 6418 U.S. HIGHWAY 41 NORTH SUITE 249 APOLLO BEACH, FL 33572</b>				7. Name and Address of New Registered Agent Name <b>MARK T BLAKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6022 N US HWY 41 # 148</b> City <b>APOLLO BEACH FL</b> Zip Code <b>33572</b>	
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 <u><i>Mark T Blake</i></u> DATE <u>7/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME CASAVANT, BARBARA STREET ADDRESS <del>6418 US HWY 41 NORTH</del> CITY-ST-ZIP <del>APOLLO BEACH, FL</del>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>6022 N US HWY 41, # 148</b> STREET ADDRESS <b>APOLLO BEACH, FL</b> CITY-ST-ZIP <b>33572</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u><i>Mark T Blake</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/11/07</u> Daytime Phone # <u>913 480 6828</u>		

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