2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M17941

FILED Feb 24, 2009 Secretary of State

Entity Nam	ne: SAILER'S A	AUTO SALVAGE, INC.			
Current Pri	incipal Place o	f Business:	New Principal Place	of Business:	
920 NW 179 PEMBROKI	9 AVE E PINES, FL 33	8029 US			
Current Ma	ailing Address:	:	New Mailing Addres	New Mailing Address:	
3767 INDIA COCOA, FL	N RIVER DR. . 32926 US				
FEI Number:	59-2781505	FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Age	nt: Name and Address	of New Registered Agent:	
SAILER, BF 920 NW 179 PEMBROKI		3029 US	SAILER, BRANDY L 3767 INDIAN RIVER COCOA, FL 32926	DRIVE US	
The above in the State	named entity su of Florida.	bmits this statement fo	the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E: BRANDY S	AILER		02/24/2009	
		Signature of Registere	•	Date	
Election Cam	paign Financing I	rust Fund Contribution (
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D SAILER, STEVEN 920 NW 179 AVE PEMBROKE PINE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () D SAILER, BRANDY 920 NW 179 ANE PEMBROKE PINE	,	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: STEVEN C. SAILER PRES 02/24/2009