

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M65476**

1. Entity Name  
**FLOYD S. SALSER, JR. & ASSOCIATES, INC.**



Principal Place of Business  
**3925 SW 13TH STREET  
OCALA, FL 34474 US**

Mailing Address  
**PO BOX 772887  
OCALA, FL 34477-2887 US**



05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2879074**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SALSER, CONNIE K  
2812 SE 31 ST  
OCALA, FL 34471**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPP  
SALSER, FLOYD S., JR.  
2812 SE 31ST STREET  
OCALA, FL 34471**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SALSER, CONNIE K.  
2812 SE 31ST ST  
OCALA, FL 34471**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
PUTMAN, MYRA  
3373 SE 149 LANE  
SUMMERFIELD, FL 34491**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000761538  
05/25/07-80061-016 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: MYRA PUTMAN**

**352-694-7195**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #