2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N97000004287

1. Entity Name
THE GREEN FLASH SALVAGE CORPORATION

Principal Place of Business	Mailing Address
12718 SUGER CREEK BLVD. HUDSON, FL 34669	12718 SUGER CREEK BLVD. HUDSON, FL 34669

DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-3491744	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRANCHE, CALVIN L
12718 SUGAR CREEK BLVD.
HUDSON, FL 34669

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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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRANCHE, CALVIN L
STREET ADDRESS	12718 SUGAR CREEK BLVD.
CITY-ST-ZIP	HUDSON, FL 34669

TITLE	D
NAME	TURVILLE, KAREN
STREET ADDRESS	3212 WOODSIDE AVE.
CITY-ST-ZIP	NAPLES, FL 34112

TITLE	D
NAME	DAVIS, JAY
STREET ADDRESS	3809 GATEWOOD DR.
CITY-ST-ZIP	SARASOTA, FL 34232

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/05-80038-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _Calvin L. Branche_ CALVIN L. BRANCHE 3-12-05 727-856-3187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #