

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007577

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** PRISON TO PROMISE SALVAGE COMPANY, INC.

**Current Principal Place of Business:**

604 NORTH HWY 27  
MINNEOLA, FL 34715 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 493412  
LEESBURG, FL 34749

**New Mailing Address:**

**FEI Number:** 59-3621696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JORDAN, EDWARD P II  
604 NORTH HIGHWAY 27  
MINNEOLA, FL 34715 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BABCOCK, JAMES B  
Address: P.O. BOX 493412  
City-St-Zip: LEESBURG, FL 34749

Title: D ( ) Delete  
Name: BABCOCK, SHIRLEY  
Address: P.O. BOX 493412  
City-St-Zip: LEESBURG, FL 34749

Title: D ( ) Delete  
Name: PAYTON, PATRICIA  
Address: P.O. BOX 493412  
City-St-Zip: LEESBURG, FL 34749

Title: D ( ) Delete  
Name: ROLAND MURPHY, JACK  
Address: PO BOX 1164  
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D ( ) Delete  
Name: CATHERINE MURPHY, MARY  
Address: PO BOX 1164  
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D ( ) Delete  
Name: JACQUART-PYLE, JOANNE  
Address: PO BOX 2268  
City-St-Zip: UMATILLA, FL 32784

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES B. BABCOCK

PRES

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date