

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000033039

1. Entity Name
SALTER & SALTER PROPERTY, INC.



Principal Place of Business

**1304 E WILDER
TAMPA, FL 33603**

Mailing Address

**1304 E WILDER
TAMPA, FL 33603**



09012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SALTER, SHARON
1304 E WILDER
TAMPA, FL 33603**

**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

U000000576541
09/08/06-80003-012 550.00

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SALTER, CLEAM
STREET ADDRESS 1304 E WILDER
CITY - ST - ZIP TAMPA, FL 33603

TITLE VD
NAME SALTER, BRIAN
STREET ADDRESS 1304 E WILDER
CITY - ST - ZIP TAMPA, FL 33603

TITLE D
NAME SALTER, SHARON
STREET ADDRESS 1304 E WILDER
CITY - ST - ZIP TAMPA, FL 33603

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

**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:

Sharon Salter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/06

Date

(813) 239-2116 or

Daytime Phone #

361-6227