

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000138782

1. Entity Name
FLORIDA SALVAGERS SOUTH, INC.



**FILED
Apr 23, 2007 8:00 am
Secretary of State**

04-23-2007 90268 015 ***150.00

400111



01152007 Chg-P CR2E034 (12/06)

Principal Place of Business
1400 COLONIAL BLVD STE 17
FT. MYERS, FL 33907 US

Mailing Address
1400 COLONIAL BLVD STE 17
FT. MYERS, FL 33907 US

2. Principal Place of Business - No P.O. Box #
1318 Lafayette St.

3. Mailing Address
1318 Lafayette St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral, FL

City & State
Cape Coral, FL

4. FEI Number
20-0437308

Applied For
Not Applicable

Zip 33904 Country US

Zip 33904 Country US

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

6. Name and Address of Current Registered Agent

HILL, THOMAS W
1318 LAFAYETTE ST
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME LINCOLN, DAVID
STREET ADDRESS 1400 COLONIAL BLVD STE 17
CITY-ST-ZIP FT. MYERS, FL 33907

TITLE P Change Addition
NAME Lincoln, David
STREET ADDRESS 1318 Lafayette St.
CITY-ST-ZIP Cape Coral, FL 33904

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07
Date

239.549.2444
Daytime Phone #