

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90079 044 \*\*\*150.00

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02262005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000167355</b> 1. Entity Name <b>HANEY'S SALVAGE, INC.</b>					
Principal Place of Business <b>6860 SE STATE RD 47 TRENTON, FL 32693</b>			Mailing Address <b>6860 SE STATE RD 47 TRENTON, FL 32693</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>20-1830553</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
<b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>CAROL HENEY, CARLOS S 6720 SE STATE RD 47 TRENTON, FL 32693</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Carol S Haney</i></u> <u><i>CAROL S HANEY</i></u> <u><i>2/26/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRISMAN, HOWARD W 5531 NW 160TH ST TRENTON, FL 32693	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRISMAN, ROSA D 6860 SE STATE RD 47 TRENTON, FL 32693	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANEY, RHETT E 6720 SE STATE RD 47 TRENTON, FL 32693	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>CAROL</b> HANEY, CARLOS S 6720 SE STATE RD 47 TRENTON, FL 32693	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHETT E. HANEY 6720 SE STATE ROAD 47 TRENTON, FL 32693	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL S. HANEY 6720 SE STATE ROAD 47 TRENTON, FL 32693	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: <u><i>Carol S Haney</i></u> <u><i>CAROL S HANEY</i></u> <u><i>2/26/05</i></u> <u><i>(352) 463-2002</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					