

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90030 037 ***158.75

DOCUMENT # P05000002191

1. Entity Name

SALYER CORPORATION



Principal Place of Business

**1645 NORTH HIGHWAY 81
WESTVILLE FL 32464**

Mailing Address

**1645 NORTH HIGHWAY 81
WESTVILLE FL 32464**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALYER, LARRY L
1645 NORTH HIGHWAY 81
WESTVILLE FL 32464**

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

Larry L Salyer
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SALYER, LARRY L	
STREET ADDRESS	1645 NORTH HIGHWAY 81	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	VIC PR	<input type="checkbox"/> Delete
NAME	JOANN R SALYER	
STREET ADDRESS	1645 NORTH HWY 81	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	VIC PR SOUN	<input type="checkbox"/> Delete
NAME	AMBER L PICKETT	
STREET ADDRESS	1645 N HWY 81	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	LARRY L SALYER	
STREET ADDRESS	1645 N HWY 81	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	TER	<input type="checkbox"/> Delete
NAME	LARRY L SALYER	
STREET ADDRESS	1645 N HWY 81	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:

Larry L Salyer

2-1-06

850 956 5090