

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037845

Entity Name: SPECIALTY SALVAGE, INC.

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

3765 MOONFLOWER ROAD
JACKSONVILLE, FL 32221

New Principal Place of Business:

1951 VALLEY CROSSING DR.
JACKSONVILLE, FL 32221

Current Mailing Address:

3765 MOONFLOWER ROAD
JACKSONVILLE, FL 32221

New Mailing Address:

1951 VALLEY CROSSING DR.
JACKSONVILLE, FL 32221

FEI Number: 56-2566407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROSSO, BRUCE
3765 MOONFLOWER ROAD
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

GROSSO, BRUCE
1951 VALLEY CROSSING DR.
JACKSONVILLE, FL 32221 US

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:

01/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GROSSO, BRUCE
Address: 3765 MOONFLOWER ROAD
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GROSSO, BRUCE
Address: 1951 VALLEY CROSSING DR.
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE GROSSO

PSTD

01/24/2007

Electronic Signature of Signing Officer or Director

Date