

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # P96000103329

1. Entity Name
TOMOKA SALVAGE, INC.



Principal Place of Business
**454 HWY 17
PALATKA, FL 32177**

Mailing Address
**P O BOX 2635
ORMOND BEACH, FL 32175 US**



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3420538

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CINELLI, JAMES V
PO BOX 2635
ORMOND BEACH, FL 32175**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PT
CINELLI, JAMES V
1429 PECOS DR
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VS
CINELLI, JOHN JR
1201 OAK FOREST DR
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UD00000039239
02/06/04-80170-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2-2-04

Date

(386) 676-0952

Daytime Phone #