

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2005 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**



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3420538

Applied For
Not Applicable

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

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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME CINELLI, JAMES V
STREET ADDRESS 1429 PECOS DR
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VS
NAME CINELLI, JOHN JR
STREET ADDRESS 1201 OAK FOREST DR
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000347813
04/30/05-80132-009 150.00

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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

4-21-05

Date

(886)325-3248

Daytime Phone #