

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90015 006 ***150.00

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02182006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000007865			
1. Entity Name LEGAL SALVAGE, INC.			
Principal Place of Business 5001 WODFIELD DRIVE PLACIDA, FL 33946		Mailing Address P.O. BOX 903 BOCA GRANDE, FL 33921-0903	
2. Principal Place of Business 2740 Worth Ave.		3. Mailing Address POB 101	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Englewood, FL		City & State Placida, FL	
Zip 34224		Zip 33946	
Country Charlotte		Country Charlotte	
4. FEI Number 65-0738455		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKS, ARTHUR Z 331 TARPON AVENUE BOCA GRANDE, FL 33921-0903		7. Name and Address of New Registered Agent Name: Chance Hammond Street Address (P.O. Box Number is Not Acceptable): 2495 10th St. City: Englewood FL Zip Code: 34224	
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: Chance Hammond DATE: 3/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, ARTHUR Z 331 TARPON AVE., PO BOX 903 BOCA GRANDE, FL 33921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brooks, Arthur Z <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2425 11th St. Englewood FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOKS, ARTHUR Z <input checked="" type="checkbox"/> Delete 331 TARPON AVE., BOX 903 BOCA GRANDE, FL 33921	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Julie L. Noel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 331 Tarpon St POB 903 Boca Grande, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Chance A. Hammond <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2495 10th St. Englewood, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Chance Hammond		3/1/06 941-4600701	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	