2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000007865 1. Entity Name LEGAL SALVAGE, INC.					FILED 2008 SEP 15 PM 1: 34					
Principal Place	e of Business	Mailing Address			7					
2740 WORTH AVE ENGLEWOOD, FL 34224		P.O. BOX 101 Placida, Fl. 33946			TALLAHASSEE, FLORIDA					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09112008	Chg-P	CR2E034	(12/06)	08	
City & State		City & State						plied For Applicable		
Zip	Zip Country Zip		Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent			7. Name and	d Address of New R	legistered Ag	ent		
HAMMOND, CHANCE				Name						
2495 10TH		Street Ad			ress (P.O. Box Number is Not Acceptable)					
			ŀ	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 egistered agent.										
SIGNATURE Solution, typed or printed wifer of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing \$5.00 May Be Added to Fees Added to Fees Added to Fees Corporation did not receive the prior notice.										
10.	OFFICERS AND	DIRECTORS	11.	ρ,	ADDITIONS	/CHANGES TO OFF				
TITLÉ NAME	P Delete IIII.			[6r	0045, I	Arthur 2	_	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2425 11TH ST STR			EETADDRESS 10033 Store Crop Ave -ST-ZIP ENSIEW OCOL, FL 34224						
NAME STREET ADDRESS	VP NOEL, JULIE L 331 TARPON ST, POB 903	☐ Delete		į.	1 09/1	00136 9/080104	-	⊉Change 9 1 1 •**150	Addition Addition	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	Delete	TITLE		••		•	CHange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HAMMOND, CHANCE A 2495 10TH ST			a da	Bannord, Chance H. 10033 stanecroppie.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			(Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS -ST-ZIP				_] Change	☐ 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 strug 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 experimental 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 a stress like ampowered.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-OFFICER OR DIRECTOR										
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