

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90326 033 ***150.00

DOCUMENT # P99000009701



1. Entity Name

DOUBLE ANCHOR SALVAGE, INC.

Principal Place of Business

124 US HWY 1
NORTH PALM BEACH FL 33408

Mailing Address

124 US HWY 1
NORTH PALM BEACH FL 33408

2. Principal Place of Business

900 US HWY 1

Suite, Apt. #, etc.

Suite 102

City & State

LAKE PARK, FL

Zip

33403

Country

US

3. Mailing Address

900 US HWY 1

Suite, Apt. #, etc.

Suite 102

City & State

LAKE PARK, FL

Zip

33403

Country

US

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1050725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER, JAMES

124 US HWY 1
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Christopher, James

Street Address (P.O. Box Number is Not Acceptable)

900 US Highway 1

Suite 102

City

LAKE PARK

FL

Zip Code

33403

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 ☐ Delete

P
JAMES, CHRISTOPHER
920 LIGHTHOUSE DRIVE
NORTH PALM BEACH FL 33408

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

V
JAMES, LEAH
920 LIGHTHOUSE DRIVE
NORTH PALM BEACH FL 33408

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Christopher James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06 561 848-4500