

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90020 014 ***150.00

DOCUMENT # P99000009701

1. Entity Name
DOUBLE ANCHOR SALVAGE, INC.



Principal Place of Business Mailing Address

900 US HWY 1 **900 US HWY 1**
SUITE 102 **SUITE 102**
LAKE PARK, FL 33403 **LAKE PARK, FL 33403**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

10601 Silver Bch. Rd. **920 Lighthouse Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.

#7

City & State City & State

Lake Park, FL **North Palm Beach, FL**

Zip Country Zip Country

33403 **USA** **33408** **USA**

40013



01152008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-1050725 Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTOPHER, JAMES
900 US HWY 1
SUITE 102
LAKE PARK, FL 33403

7. Name and Address of New Registered Agent

Name

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

City State Zip Code

North Palm Beach, FL 33408

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JAMES, CHRISTOPHER	
STREET ADDRESS	920 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	V	<input type="checkbox"/> Delete
NAME	JAMES, LEAH	
STREET ADDRESS	920 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Christopher James* **1-29-08** **(561)848-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #