

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000110213

1. Entity Name
SALVAGE MANAGEMENT COMPANY, INC.



Principal Place of Business

**200 GREENE STREET
KEY WEST, FL 33040**

Mailing Address

**200 GREENE STREET
KEY WEST, FL 33040**



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0966593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FISHER, KIM
200 GREENE STREET
KEY WEST, FL 33040**

**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 re-registering)

DATE

**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**

U00000906439

10. OFFICERS AND DIRECTORS

05/02/08-80022-013 150.00

TITLE **P**
NAME **FISHER, KIM**
STREET ADDRESS **200 GREENE STREET**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **VPST**
NAME **FISHER-ABT, TAFI**
STREET ADDRESS **200 GREENE STREET**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **VP**
NAME **FISHER, SEAN**
STREET ADDRESS **200 GREENE STREET**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **A ST**
NAME **FISHER, SEAN**
STREET ADDRESS **200 GREENE STREET**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Kim Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #