

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # S86281

1. Entity Name

AIRPORT AUTO SALVAGE, INC.



Principal Place of Business

1295 KENARD STREET  
NEW SMYRNA BEACH FL 32168

Mailing Address

1295 KENARD STREET  
NEW SMYRNA BEACH FL 32168



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3094954

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STARR, WANDA  
1295 KENARD STREET  
NEW SMYRNA BEACH FL 32168

Name **CHARLES BROOKE KITCHEN SR.**

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

**620 HAMILTON AVE**

City **Orange City**

FL

Zip Code **32763**

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

*Charles Brooke Kitchen Sr.*

*Charles Brooke Kitchen Sr.*

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, 2005 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 DP  
NAME STARR, WANDA  
STREET ADDRESS 1295 KENARD STREET  
CITY-ST-ZIP NEW SMYRNA BEACH FL ☒ Delete

TITLE V  
NAME SEMENICK, IRENE  
STREET ADDRESS 1295 KENARD ST.  
CITY-ST-ZIP NEW SMYRNA BEACH FL ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME CHARLES BROOKE KITCHEN SR. ☒ Change ☐ Addition  
STREET ADDRESS P.O. Box 741313  
CITY-ST-ZIP ORANGE CITY FL 32774-1313

TITLE VICE-PRESIDENT  
NAME TRICIA D. KITCHEN ☒ Change ☐ Addition  
STREET ADDRESS P.O. Box 741313  
CITY-ST-ZIP ORANGE CITY FL 32774-1313

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 exemption stated in Section 119.07(3)(i), 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:

*Charles Brooke Kitchen Sr.* *Charles Brooke Kitchen Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

386-428-5000

Daytime Phone #