

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003920

FILED
Jan 10, 2007
Secretary of State

Entity Name: NATIONAL SALVAGE & SERVICE CORPORATION

Current Principal Place of Business:

417 S. WALNUT ST.
BLOOMINGTON, IN 47401

New Principal Place of Business:

6755 OLD STATE ROAD 37 SOUTH
BLOOMINGTON, IN 47401

Current Mailing Address:

P.O. BOX 300
CLEAR CREEK, IN 47426

New Mailing Address:

FEI Number: 35-1741803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMERMAN, KELVIN
1812 CHERRYWOOD LANE
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SCHOPP, CURTIS C
Address: 417 S. WALNUT ST.
City-St-Zip: BLOOMINGTON, IN 47401

Title: VPVC () Delete
Name: SCHOPP, VICTORIA
Address: 417 S. WALNUT ST.
City-St-Zip: BLOOMINGTON, IN 47401

Title: ST () Delete
Name: RUF, CATHERINE
Address: 417 S. WALNUT ST.
City-St-Zip: BLOOMINGTON, IN 47401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: SCHOPP, CURTIS C
Address: 6755 OLD STATE ROAD 37 SOUTH
City-St-Zip: BLOOMINGTON, IN 47401

Title: VPVC (X) Change () Addition
Name: SCHOPP, VICTORIA
Address: 6755 OLD STATE ROAD 37 SOUTH
City-St-Zip: BLOOMINGTON, IN 47401

Title: ST (X) Change () Addition
Name: RUF, CATHERINE
Address: 6755 OLD STATE ROAD 37 SOUTH
City-St-Zip: BLOOMINGTON, IN 47401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE RUF

ST

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date