2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2005 8:00 am Secretary of State DOCUMENT # L59656 1. Entity Name 04-07-2005 90033 020 ***158.75 E & H CAR CRUSHING CO., INC. Principal Place of Business Mailing Address 106 GLOUCESTER ST ORLANDO FL 32833-3459 106 GLOUCESTER ST ORLANDO FL 32833-3459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3021919 Not Applicable Country Ζip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent-Name ERB, HAROLD G. 🗵 Street Address (P.O. Box Number is Not Acceptable) 106 GLOUCESTER ST ORLANDO FL 32833 City Zip Code 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Defete TITLE ☐ Addition TITLE ERB, HAROLD G NAME NAME 3102 CAUALIER AVE. 12085 LAKE CYPRESS CT. APT. I108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 Oriando FL. 32833 STD Change ☐ Addition TITLE Delete TITLE NAME ERB. JOYCE A. NAME 3102 CAVALIER AVE. 12085 LAKE CYPRESS CT. APT. I108 STREET ADDRESS STREET ADDRESS ORLANDO FL 32828 CITY-ST-ZIP Orlando, FL 32833 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE ٧n TITLE ERB, JAMES E. NAME STREET ADDRESS STREET ADDRESS PO BOX 1176 CITY-ST-ZIP CITY-ST-ZIP CHRISTMAS FL 32709 VD Change Addition ☐ Delete TITLE ERB, DARRYL R. NAME NAME 3104 POPPY SEED COURT STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

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