


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90021 012 \*\*\*150.00

**DOCUMENT # P99000111360**

1. Entity Name  
**PLANT CITY AUTO SALVAGE SERVICE INC.**



Principal Place of Business  
**4303 HWY 574 W  
 PLANT CITY FL 33566 3**

Mailing Address  
**4303 HWY 574 W  
 PLANT CITY FL 33566 3**



2. Principal Place of Business - No P.O. Box #  
**4303 Hwy 574 W.**

3. Mailing Address  
**4303 Hwy 574 W.**

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
**Plant City, FL**

City & State  
**Plant City, FL**

4. FEI Number **59-3163424**

Applied For  
 Not Applicable

Zip **33563** Country

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

**6. Name and Address of Current Registered Agent**

**DONAHUE, DANIEL A  
 4311 SPRING LANE  
 LAKELAND FL 33811**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD DONAHUE, DANIEL A 4311 SPRING LANE LAKELAND FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DONAHUE, ANN M 4311 SPRING LANE LAKELAND FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or other like empowered.

SIGNATURE: *Wald* **2/26/07** **813-754-1790**

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