

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90119 016 ***150.00

DOCUMENT # 465701

1. Entity Name
DAVE JONES' WRECKER SERVICE, INC.



Principal Place of Business
7155 S. HIGHWAY 17-92
FERN PARK, FL 32730

Mailing Address
7155 S. HIGHWAY 17-92
FERN PARK, FL 32730

00060400



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1563168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, JAMES D.
7155 S. HWY. 17-92
FERN PARK, FL 32730

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, JAMES D.
STREET ADDRESS	1220 OXFORD RD
CITY - ST - ZIP	MAITLAND, FL
TITLE	ST
NAME	JONES, HELEN
STREET ADDRESS	1220 OXFORD RD
CITY - ST - ZIP	MAITLAND, FL
TITLE	V
NAME	JONES, JAMES D., JR.
STREET ADDRESS	1220 OXFORD RD
CITY - ST - ZIP	MAITLAND, FL
TITLE	D
NAME	BANVILLE, REBECCA S
STREET ADDRESS	7155 S HWY 17-92
CITY - ST - ZIP	FERN PARK, FL 32730

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

3/16/05

Daytime Phone #

467-831-7763