2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the receiver if changed, or on an attachme

SIGNATURE

Apr 03, 2006 08:00 AM DOCUMENT # 465701 **Secretary of State** 1. Entity Name DAVE JONES' WRECKER SERVICE, INC. Principal Place of Business Mailing Address 7155 S. HIGHWAY 17-92 FERN PARK FL 32730 7155 S. HIGHWAY 17-92 FERN PARK FL 32730 2. Principal Place of Business Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1563168 Not Applicable Zip Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, JAMES D. 7155 S. HWY. 17-92 Street Address (P.O. Box Number is Not Acceptable) FERN PARK FL 32730 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 Signature typed or printed name of registered agent and lifte if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Electron Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Change Addition 🔲 U00000488429 NAME JONES, JAMES D. NAME 04/17/06-60006-016 150.00 STREET ADDRESS 1220 OXFORD RD STREET ADDRESS DITY - ST - ZIP MAITLAND FL CITY-ST-ZIP TITLE ST Delete 33312 ☐ Change ☐ Addition JONES, HELEN NAMO NAME STREET ADDRESS 1220 OXFORD RD STREET ADDRESS CHY-ST-20P MAITLAND FL CHIY-ST-ZIP 33117 ☐ Detete THLE ☐ Change Addition NAME JONES, JAMES D., JR. NAME STREET ACCINESS 1220 OXFORD RD STRLET ADDRESS CITY-ST-7IP MAITLAND FL CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition BANVILLE, REBECCA S MAME NAME STREET ADDRESS 7155 S HWY 17-92 STREET ADDRESS CITY-ST-ZIP FERN PARK FL 32730 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Delete mu ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS ETTY-ST-77P CITY-ST-ZIP 12. I hereby certify that the information sup indicated on this report or supplementa. supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information may 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 fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

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407-831-7763