2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 25, 2007 8:00 am Secretary of State **DOCUMENT # 465701** 1. Entity Namo 04-25-2007 90187 024 ***150.00 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-1563168 Not Applicable Zip Country Zip 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. Mad or printed name is registered poent and title if applicable (NOTE Registered Apent signature required when reinstativa) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HHE 101.0 Delete ☐ Change ☐ Addition JONES, JAMES D. 1220 OXFORD RD STREET ADDRESS STREET ADDRESS MAITLAND FL CHY-SI-ZIP CITY SEZIP Addition ши Delete HH JONES, HELEN NAME NAME 1220 OXFORD RD STREET ADDRESS STREET ADDRESS MAITLAND FL CITY-SF-ZIP CITY ST ZIP DATE ☐ Delete ш ☐ Change ■ Addition JONES, JAMES D., JR. NAME 1220 OXFORD RD STREET ADDRESS STREET ADDRESS MAITLAND FL CÎTŸ SI-ZÎP CITY ST ZIP D IIII Delete ☐ Addition ☐ Change BANVILLE, REBECCA S 7155 S HWY 17-92 STREET LADDRESS SIRLL LADDRESS FERN PARK FL 32730 CITY+ST-ZIP CHY St 7IP HITE Defele HIII ☐ Change Addition NAMI NAME STREET ADDRESS STRUET ADDRESS CHY-ST-ZIP CITY ST ZIP TITLE ☐ Detete 1000 Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS. CHY-ST-ZIP CITY - ST - ZIP 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 eath; that I am an officer or director of the corporation or the received 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 of the corporation or the received if changed, or on an attachmen Director