2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 21, 2008 08:00 All Secretary of State DOCUMENT # 465701 1. Entity Name DAVE JONES' WRECKER SERVICE, INC. Principal Place of Business Mailing Address 7155 S. HIGHWAY 17-92 7155 S. HIGHWAY 17-92 FERN PARK FL 32730 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 (10/07) City & State City & State 4. FEI Number Applied For 59-1563168 Not Applicable Zip Country Zio 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. Street Address (P.O. Box Number is Not Acceptable) 7155 S. HWY. 17-92 FERN PARK FL 32730 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the colligations of registered agent SIGNATURE Signature, Epod or mined panin of registered agent and the Trimplease fNOTE. Registered Agent's another required when reinstatings DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 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. 11. UB0000909784 Change пπе TITLE ☐ Derete NAME JONES, JAMES D. 05/06/08-80083-016 150.00 STREET ADDRESS 1220 OXFORD RD STREET ADDRESS CHY-ST-ZIP MAITLAND FL CITY-ST-ZIP TITLE ST De ele ☐ Change ■ Addition NAME JONES, HELEN STREET ADDRESS 1220 OXFORD RD STREET ADDRESS 011Y-31-217 MAITLAND FL CITY-ST-ZIP TITLE ☐ Derete ITTLE Change ☐ Addition NAME JONES, JAMES D., JR. HAME STREET ADDRESS 1220 OXFORD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL TITLE D Derete TITLE Change Addition BANVILLE, REBECCA S NAME 7155 S HWY 17-92 STRLET ADDRESS STREET ADDRECS CITY-ST-ZIP FERN PARK FL 32730 CITY-SI-ZIP TITLE ☐ Deiete TITLE ☐ Change ☐ Addition NAME ПМАМ STREET ADDRESS STREET ADDRESS CiTY-SI-ZIP CITY-ST-ZIP TITLE TITLE ☐ Deiele Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST ZIP 12. Thereby certify that the information supplied with this filling 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 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 receiver if changed, or on an attachment w