2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# 492393

Entity Name: JOHNSON'S WRECKER SERVICE, INC.

Current Principal Place of Business:

500 WILMER AVE.
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

500 WILMER AVENUE
ORLANDO, FL 32808 US

New Mailing Address:

580 WILMER AVENUE
ORLANDO, FL 32808 US

FEI Number: 59-1635639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, DARRELL
500 WILMER AVE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, DARRELL,
Address: 500 WILMER AVE
City-St-Zip: ORLANDO,, FL 00000,

Title: C ( ) Delete
Name: JOHNSON, JACQUELINE, A
Address: 500 WILMER AVE
City-St-Zip: ORLANDO,, FL 00000,

Title: VP ( ) Delete
Name: JOHNSON JR., DARRELL
Address: 500 WILMER AVE.
City-St-Zip: ORLANDO, FL 32808

Title: S ( ) Delete
Name: JOHNSON, DARLENE
Address: 500 WILMER AVE.
City-St-Zip: ORLANDO, FL 32808

Title: T ( ) Delete
Name: JOHNSON, DORIE
Address: 500 WILMER AVE.
City-St-Zip: ORLANDO, FL 32808

Title: VP ( ) Delete
Name: JOHNSON, DENNIS D.
Address: 500 WILMER AVE.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOHNSON, DARRELL,
Address: 500 WILMER AVE
City-St-Zip: ORLANDO, FL 32808

Title: C (X) Change ( ) Addition
Name: JOHNSON, JACQUELINE, A
Address: 500 WILMER AVE
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL JOHNSON PRES 03/18/2008

Electronic Signature of Signing Officer or Director Date