


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 517327
 1. Entity Name
 JIM'S AUTO SALVAGE, INC.



Principal Place of Business 3900 CEMETERY ROAD SEBRING, FL 33870	Mailing Address 3900 CEMETERY ROAD SEBRING, FL 33870
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1686808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 REED, JIM
 3900 CEMETERY ROAD
 SEBRING, FL 33870

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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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	PD REED, JIM 2633 VAN PELT RD SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REED, JEFFERY H. 420 LONGWOOD RD SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD REED, SAUNDRA F. 2633 VAN PELT RD SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REED, JAMES D 4100 ARBUCKLE CREEK ROAD SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REED, CALE J. 4060 ARBUCKLE CREEK RD SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000177205
 01/11/05-80028-005 150.00

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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 all other like empowered.

SIGNATURE: Jim Reed 1/5/05 863-385-3306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #