

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 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**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1686808

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REED, JIM
3900 CEMETERY ROAD
SEBRING, FL 33870**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

1100000378932
01/10/06-80001-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Reed 1/5/06 863-385-6196

Date

Daytime Phone #