


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 517327</b>		
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	



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1686808</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2008 Fee will be \$550.00**

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

U000000923005  
05/16/08-80012-022 150.00

**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	

**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

4-23-08 863-3856196  
Date Daytime Phone #