

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 517327

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: JIM'S AUTO SALVAGE, INC.

## Current Principal Place of Business:

3900 CEMETERY ROAD  
SEBRING, FL 33870

## New Principal Place of Business:

## Current Mailing Address:

3900 CEMETERY ROAD  
SEBRING, FL 33870

## New Mailing Address:

FEI Number: 59-1686808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REED, JIM  
3900 CEMETERY ROAD  
SEBRING, FL 33870 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: PD ( ) Delete  
Name: REED, JIM  
Address: 2633 VAN PELT RD  
City-St-Zip: SEBRING, FL

Title: V ( ) Delete  
Name: REED, JEFFERY H.  
Address: 420 LONGWOOD RD  
City-St-Zip: SEBRING, FL

Title: STD ( ) Delete  
Name: REED, SAUNDRA F.  
Address: 2633 VAN PELT RD  
City-St-Zip: SEBRING, FL

Title: V ( ) Delete  
Name: REED, JAMES D  
Address: 4100 ARBUCKLE CREEK ROAD  
City-St-Zip: SEBRING, FL 33870

Title: V ( ) Delete  
Name: REED, CALE J.  
Address: 4060 ARBUCKLE CREEK RD  
City-St-Zip: SEBRING, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JIM REED

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date