2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# 739097

Entity Name: PROFESSIONAL WRECKER OPERATORS OF FLORIDA, INC.

Current Principal Place of Business:

4718 EDGEWATER DR
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

4718 EDGEWATER DR
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-1765082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEAMON, MIKE
4718 EDGEWATER DR
ORLANDO, FL 32804 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ZUCCALA, DREW
Address: 633 E. INDUSTRIAL AVENUE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D ( ) Delete
Name: LANDAU, GLENN
Address: 722 NORTH SEAGRAVE STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: P ( ) Delete
Name: DRISCOLL, JOSEPH
Address: 1701 N DIXIE HWY.,
City-St-Zip: POMPANO BEACH, FL 33060

Title: ST ( ) Delete
Name: WOOD, LYNDA
Address: 7018 U.S. HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: CREGO, JR., RAY
Address: 14294 SW 142 AVENUE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ZUCCALA, DREW
Address: 633 E. INDUSTRIAL AVENUE
City-St-Zip: BOYNTON BEACH, FL 33426

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

Title: D (X) Change ( ) Addition
Name: DRISCOLL, JOSEPH
Address: 1701 N DIXIE HWY.,
City-St-Zip: POMPANO BEACH, FL 33060

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

Title: D (X) Change ( ) Addition
Name: SALADINO, JOE
Address: 11139 TAMIAMI TRAIL
City-St-Zip: PUNT GORDA, FL 33955

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH DRISCOLL D 03/04/2009

Electronic Signature of Signing Officer or Director — Date