

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004769

FILED
Mar 30, 2004
Secretary of State

Entity Name: ATLANTA WRECKER AND CARRIER SALES, INC.

Current Principal Place of Business:

P.O. BOX 2115
SMYRNA, GA 300812115

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2115
SMYRNA, GA 300812115

New Mailing Address:

FEI Number: 58-2590473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARE, WILLIAM M
6301 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610 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: PCD () Delete
Name: MCKINNEY, JEFFERY L
Address: 410 SOUTH BURGESS TRAIL
City-St-Zip: ALPHARETTA, GA 30004

Title: VSTD () Delete
Name: MCKINNEY, TRACY W
Address: 410 SOUTH BURGESS TRAIL
City-St-Zip: ALPHARETTA, GA 30004

Title: D () Delete
Name: MCKINNEY, SYLVIA S
Address: 2 PLANO DRIVE
City-St-Zip: GREENVILLE, SC 29617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: MCKINNEY, JEFFERY L
Address: 208 RIVER WALK COURT
City-St-Zip: SIMPSONVILLE, SC 29681

Title: VSTD (X) Change () Addition
Name: MCKINNEY, TRACY W
Address: 208 RIVER WALK COURT
City-St-Zip: SIMPSONVILLE, SC 29681

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TRACY W MCKINNEY

VSTD

03/30/2004

Electronic Signature of Signing Officer or Director

_____ Date