2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# F00000004769

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:

2130 ATLANTA RD
SMYRNA, GA 30080

Current Mailing Address:

P.O. BOX 2115
SMYRNA, GA 300812115

New Mailing Address:

418 SCUFFLETOWN RD
SIMPSONVILLE, SC 29681

FEI Number: 58-2590473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NOWLIN, FRANCISCO
6301 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

RUSSELL, JACK W SR
6301 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610 US

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: JACK RUSSELL SR 04/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Delete
Name: MCKINNEY, SYLVIA S
Address: 144 RIVERSTONE WAY
City-St-Zip: GREER, SC 29651

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: TRACY W MCKINNEY VSTD 04/23/2007
Electronic Signature of Signing Officer or Director Date