2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000000629

1. Entity Name
SR WRECKING, INC.

Principal Place of Business
900 WILSHIRE BLVD., SUITE 1520
LOS ANGELES, CA 90017-4716

Mailing Address
900 WILSHIRE BLVD., SUITE 1520
LOS ANGELES, CA 90017-4716

02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0805502
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FENNING, WILLIAM M
STREET ADDRESS	900 WILSHIRE BLVD., SUITE 1520
CITY-ST-ZIP	LOS ANGELES, CA 900174716
TITLE	VD
NAME	MORGAN, DAVID T
STREET ADDRESS	900 WILSHIRE BLVD., SUITE 1520
CITY-ST-ZIP	LOS ANGELES, CA 900174716
TITLE	S
NAME	AHEARN, NANCY R
STREET ADDRESS	900 WILSHIRE BLVD., SUITE 1520
CITY-ST-ZIP	LOS ANGELES, CA 900174716
TITLE	CO
NAME	FENNING, WILLIAM M
STREET ADDRESS	900 WILSHIRE BLVD., SUITE 1520
CITY-ST-ZIP	LOS ANGELES, CA 900174716
TITLE	DVP
NAME	PRIOR, WILLIAM
STREET ADDRESS	900 WILSHIRE BLVD., SUITE 1520
CITY-ST-ZIP	LOS ANGELES, CA 900174716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/06-80047-016 158.75

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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: X D/VP 2/21/06 213/624-8161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #