

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90065 003 ***150.00

20022629



DOCUMENT # G68374 1. Entity Name VEHICLE RECOVERY SERVICES, INC.						
Principal Place of Business 4550 35TH STREET NORTH ST. PETERSBURG, FL 33714			Mailing Address 4550 35TH STREET NORTH ST. PETERSBURG, FL 33714			
2. Principal Place of Business		3. Mailing Address 3601 54th Ave. N.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State St. Petersburg, FL		4. FEI Number 59-2350222		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 33714		Country PENN.		6. Name and Address of Current Registered Agent PARKER, WAYNE L. 4550 35TH STREET NORTH ST. PETERSBURG, FL 33714		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKER, WAYNE 3601 54TH AVENUE NORTH ST. PETERSBURG, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARKER, WAYNE 3601 54TH AVENUE NORTH ST PETE, FL 00000,		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Wayne L. Parker Cynthia Parker</u> <u>3-11-05</u> <u>727-557-0999</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						