


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # H57877	
1. Entity Name MORAN'S MOTOR AND WRECKER SERVICES, INC.	

Principal Place of Business 59 N 7TH ST MACCLENNY FL 32063 US	Mailing Address 59 N 7TH ST MACCLENNY FL 32063 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/06)
4. FEI Number 59-2524893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORAN, RICHARD A 59 NORTH 7TH ST MACCLENNY FL 32063	
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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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> Delete
NAME	ROBIN, MORAN
STREET ADDRESS	59 N SEVENTH ST
CITY-ST-ZIP	MACCLENNY FL 32063
TITLE	PD <input type="checkbox"/> Delete
NAME	MORAN, RICHARD A
STREET ADDRESS	59 N. 7TH STREET
CITY-ST-ZIP	MACCLENNY FL 32063
TITLE	TD <input type="checkbox"/> Delete
NAME	MORAN, STEPHEN J
STREET ADDRESS	159 WEST MACCLENNY AVE
CITY-ST-ZIP	MACCLENNY FL
TITLE	VD <input type="checkbox"/> Delete
NAME	MORAN, RONALD L
STREET ADDRESS	59 N. 7TH STREET
CITY-ST-ZIP	MACCLENNY FL 32063
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000749760
CITY-ST-ZIP	05/18/07-80034-025 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robin Moran **Robin Moran** 4-26-07 904-259-2850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #