

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90049 049 ****61.25

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03242005 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000005662 1. Entity Name PROFESSIONAL WRECKER OPERATORS OF FLORIDA AUXILIARY, INC.					
Principal Place of Business 4718 EDGEWATER DR. ORLANDO, FL 32804			Mailing Address 4718 EDGEWATER DR. ORLANDO, FL 32804		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1765082	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAGILL, PATRICK M ESQ. 1234 E. CONCORD ST. ORLANDO, FL 32803				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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMMARATA, JUDY		NAME		
STREET ADDRESS	5613 NW 8TH ST.		STREET ADDRESS		
CITY - ST - ZIP	MARGATE, FL 33063		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAINEY, TERRI		NAME		
STREET ADDRESS	1825 CANOVA ST SE		STREET ADDRESS		
CITY - ST - ZIP	PALM BAY, FL 32909		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALE, KAREN		NAME		
STREET ADDRESS	1249 28TH AVE WEST		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34205		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREWER, RUTH		NAME		
STREET ADDRESS	1030 W. JEFFERSON ST		STREET ADDRESS		
CITY - ST - ZIP	BROOKSVILLE, FL 34601		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDAU, RUTH		NAME		
STREET ADDRESS	722 N SEGRAVE ST		STREET ADDRESS		
CITY - ST - ZIP	DAYTONA BEACH, FL 32114		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELY-FIGUERO, LEE		NAME		
STREET ADDRESS	2238 RAMBLER LANE SE		STREET ADDRESS		
CITY - ST - ZIP	PALM BAY, FL 32909		CITY - ST - ZIP		
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 617, 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 empowerments.					
SIGNATURE: <i>Ruth E. Landau</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/24/05 386-255-0481 <small>Date Daytime Phone #</small>		