# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N00000005662

**Entity Name:** PROFESSIONAL WRECKER OPERATORS OF FLORIDA AUXILIARY, INC.

**Current Principal Place of Business:**

4718 EDGEWATER DR.
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

4718 EDGEWATER DR.
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number: 59-1765082** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAGILL, PATRICK M ESQ.
1234 E. CONCORD ST.
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: CAMMARATA, JUDY
Address: 5613 NW 8TH ST.
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: RAINEY, TERRI
Address: 1825 CANOVA ST SE
City-St-Zip: PALM BAY, FL 32909

Title: D ( ) Delete
Name: BREWER, RUTH
Address: 1030 W. JEFFERSON ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: D (X) Delete
Name: LANDAU, RUTH
Address: 722 N SEGRAVE ST
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: LANDAU, RUTH E
Address: 722 N SEGRAVE ST
City-St-Zip: DAYTONA BEACH, FL 32114

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH E. LANDAU PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date