2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027084

Title:

Name:

Address:

City-St-Zip:

Entity Name: COCOA AUTO SALVAGE U-PULLIT IN

FILED Feb 02, 2005 Secretary of State

Entity Name: COCOA AUTO SALVAGE U-PULL IT, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3520 N. CC COCOA, FI	OCOA BLVD. _ 32926					
Current Mailing Address:			New Mailir	New Mailing Address:		
PO BOX 23 COCOA, FI	6755 _ 329236755					
FEI Number:	59-3642721	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
LATHEM, S 3520 N CO COCOA, FL	COA BLVD					
The above in the State		ıbmits this statement for the pur	pose of changing it	ts registered office or registered agent, or both,		
SIGNATUR						
Election Cam		c Signature of Registered Agent Trust Fund Contribution ().		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () E LATHEM, SHANN PO BOX 238042 COCOA, FL 329		Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	D () E LATHEM, LINDA 2580 N. COX RD COCOA, FL 329		Title: Name: Address: City-St-Zip:	DST (X) Change () Addition LATHEM, LINDA S 2580 N. COX RD COCOA, FL 32926		
Title: Name: Address: City-St-Zip:	D () E LATHEM, DOUGL 2580 N. COX RD COCOA, FL 329		Title: Name: Address: City-St-Zip:	DP (X) Change () Addition LATHEM, DOUGLAS W 2580 N. COX RD COCOA, FL 32926		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

DV

LATHEM, STÈVEN D

P.O. BOX 236802

COCOA, FL 32923

() Change (X) Addition

SIGNATURE: STEVEN D. LATHEM V 02/02/2005

() Delete