

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011230

Entity Name: KW WRECKER SERVICE, INC.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

9835-16 LAKE WORTH
ROAD #220
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

9835-16 LAKE WORTH
ROAD #220
LAKE WORTH, FL 33467

New Mailing Address:

7780 SW RATTLESNAKE RUN
PALM CITY, FL 34990

FEI Number: 65-1078415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRISCOLL, KARI
7780 SW RATTLESNAKE RUN
PALM CITY, FL 34990 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: DRISCOLL, KARI
Address: 7780 SW RATTLESNAKE RUN
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: DRISCOLL, WARREN J
Address: 7780 SW RATTLESNAKE RUN
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: KARI L DRISCOLL

P/S

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date