

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90026 012 ***558.75

DOCUMENT # P01000102053

1. Entity Name

IKER'S U-PULL-IT, INC.



Principal Place of Business

3010 W. FAIRFIELD DR
PENSACOLA, FL 32506

Mailing Address

3010 W. FAIRFIELD DR
PENSACOLA, FL 32506

40090744



2. Principal Place of Business

3000 W. Fairfield Dr
Pensacola, FL

3. Mailing Address

3000 W. Fairfield Dr
Pensacola, FL

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

07032006

Chg-P

CR2E034 (11/05)

4. FEI Number

02-0570676

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

IKER, JOHN R
3010 W. FAIRFIELD DR
PENSACOLA, FL 32506

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
IKER, JOHN R
1219 MILL CREEK TRL
CANTONMENT, FL 32533 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
IKER, JAMES W
9990 BRISTOL PARK
CANTONMENT, FL 32533 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

7/06/06

(850) 435-7087

Date

Daytime Phone #