

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

03-19-2004 90061 040 ***150.00

DOCUMENT # P02000131283

1. Entity Name

FLORIDA WRECKING & SALVAGE, INC.



Principal Place of Business

2218 VILLAGE COURT
BRANDON FL 33511

Mailing Address

2218 VILLAGE COURT
BRANDON FL 33511

66409374



MOORE CR2E034 (11/03)

2. Principal Place of Business

8814 Honeywell Rd

3. Mailing Address

8814 Honeywell Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gibsonton Florida

City & State

Gibsonton, Florida

Zip

33534

Country

Hills

Zip

33534

Country

Hills

4. FEI Number

75-3091291

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REDMOND, MARGARET
2218 VILLAGE COURT
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

Redmond, Margaret

Street Address (P.O. Box Number is Not Acceptable)

8814 Honeywell Rd.

City

Gibsonton

FL

Zip Code

33534

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

Margaret Redmond

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

(NOTE: Registered Agent signature required when reinstating)

3/12/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 ☐ Delete

D
REDMOND, MARGARET
2218 VILLAGE COURT
BRANDON FL 33511

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 ☐ Delete

TITLE
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CITY-ST-ZIP

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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 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:

Margaret Redmond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Daytime Phone #)