

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

04-22-2004 90092 029 ***150.00

66419627



DOCUMENT # P03000024552 1. Entity Name AA-WHITE'S WRECKER SERVICE, INC.																																									
Principal Place of Business 6120 E. HWY 22 PANAMA CITY, FL 32404 US			Mailing Address 6120 E. HWY 22 PANAMA CITY, FL 32404 US																																						
2. Principal Place of Business		3. Mailing Address																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																							
City & State		City & State																																							
Zip	Country	Zip	Country																																						
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent BENNETT, DERRICK 112 E THIRD CT. PANAMA CITY, FL 32401			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; padding: 2px;"> WAHLBURG, RAYMONE E 6120 E. HWY 22 PANAMA CITY, FL 32404 </td> <td style="width: 10%; text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr><td style="height: 40px;"></td><td></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAHLBURG, RAYMONE E 6120 E. HWY 22 PANAMA CITY, FL 32404	<input type="checkbox"/> Delete																11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; padding: 2px;"></td> <td style="width: 10%; text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td style="height: 40px;"></td><td></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition															
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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: <i>Raymond Wahlburg</i> PRES. 4/20/04 (850) 215-4402 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									