


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000093843 1. Entity Name BALL'S WRECKER SERVICE, INC.		
Principal Place of Business 2690 HIGHWAY 17 SOUTH BARTOW, FL 33830	Mailing Address 2690 HIGHWAY 17 SOUTH BARTOW, FL 33830	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AYCOCK, MELISSA D 2690 HIGHWAY 17 SOUTH BARTOW, FL 33830		DO NOT WRITE IN THIS SPACE
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: <u>Melissa D Aycock</u> v-Pres. <u>Melissa D Aycock</u> 4/23/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AYCOCK, MICHAEL J 950 W. MAIN ST. BARTOW, FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AYCOCK, MELISSA D 950 W. MAIN ST. BARTOW, FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Melissa D Aycock</u> v-Pres. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/23/06 863-533-8787 <small>Date Daytime Phone #</small>



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0208130	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

U00000535533
05/08/06-80058-003 158.75

**DO NOT WRITE
IN THIS SPACE**