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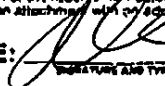
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FILED
Apr 21, 2005 8:00 am
Secretary of State

03-23-2005 90023 045 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000104439																																		
1. Entity Name OLIVER'S WRECKER SERVICE OF BREVARD, INC.																																		
Principal Place of Business 2715 HARBOR CITY BLVD. MELBOURNE, FL 32901		Mailing Address 2715 HARBOR CITY BLVD. MELBOURNE, FL 32901																																
DO NOT WRITE IN THIS SPACE																																		
2. Name and Address of Current Registered Agent MERTENS, OLIVER 2715 HARBOR CITY BLVD. MELBOURNE, FL 32901		66011943 DO NOT WRITE IN THIS SPACE																																
3. 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 _____ (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing.)																																		
FILE MONTH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		4. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																		
6. Officers and Directors																																		
<table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MERTENS, OLIVER</td></tr><tr><td>STREET ADDRESS</td><td>2715 HARBOR CITY BLVD.</td></tr><tr><td>CITY - ST - ZIP</td><td>MELBOURNE, FL 32901</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>			TITLE	D	NAME	MERTENS, OLIVER	STREET ADDRESS	2715 HARBOR CITY BLVD.	CITY - ST - ZIP	MELBOURNE, FL 32901	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
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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)(b), 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 registered agent authorized 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 all other filers empowered.																																		
SIGNATURE:  4-19-05 (Signature and typed or printed name of signed officer or director)																																		