2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2005 8:00 am Secretary of State

1. Entity Nam	AUTO SALVAGE & WREC					01-28-200.	5 90023 003 **	**150.00
Principal Place of Business Mailing Address 4410 STATE ROAD 542 EAST 4410 STATE ROAD 542 I LAKELAND, FL 33801 US LAKELAND, FL 33801					4	1000824	18	· , ·
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			01142005	Chg-P	CR2E034 (10/0	03)
City & State		City & State		4. FEI Number 20-14	28917		Applied For Not Applicable	
Zip	Country	Zip	Count	try	5. Certificate of		Fee Req	Additional uired
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	legistered Agent	
14(5) 611 5				Name				
WELCH, RICKY 4410 STATE ROAD 542 EAST LAKELAND, FL 33801				Street Address	ss (P.O. Box Number is Not Acceptable)			
* .				City FL Zip Code d office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
	tions of registered agent.	or the purpose of changing its	registere	ea office or registe	ered agent, or both,	in the State of Fig	orida. I am familiar w	ith, and accept
SIGNATURE_								
1	Signature, typed or printed name of registered agent	it and title if applicable. (NOT)	E: Registered	d Agent signature require	ed when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fée will be \$550.	9. Election Campa	ign Finan	cing _ \$5	5.00 May Be ded to Fees		DATE	
	E NOW!!! FEE IS \$150.00	9. Election Campa Trust Fund Cont	ign Finan	cing _ \$5	5.00 May Be ded to Fees	HANGES TO OFF	GCERS AND DIRECT	ORS IN 11
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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: X WW WWW.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR