

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # P06000108894

1. Entity Name
E. QUARNO & SONS AUTO SALVAGE INC.



Principal Place of Business
**550 QUARNO ROAD
COCOA, FL 32927 US**

Mailing Address
**550 QUARNO ROAD
COCOA, FL 32927 US**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1515537	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**QUARNACCIO, ANTHONY J
6025 GRISSOM PARKWAY
COCOA, FL 32927**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUARNACCIO, RONALD A
STREET ADDRESS	1770 HIDDEN LAKE DRIVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	S
NAME	QUARNACCIO, JOSEPHINE L
STREET ADDRESS	1770 HIDDEN LAKE DRIVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	VP
NAME	QUARNACCIO, ANTHONY J
STREET ADDRESS	6025 GRISSOM PARKWAY
CITY-ST-ZIP	COCOA, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/08-80040-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Anthony J. Quarnaccio* **ANTHONY J. QUARNACCIO** 1-7-08 321-749-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #