

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000086637

Entity Name: FLORIDA WRECKER SALES, INC.

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

6301 E. HILLSBOROUGH AVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1200 WOODRUFF RD
SUITE G-4
GREENVILLE, SC 29607

New Mailing Address:

P O BOX 547
SIMPSONVILLE, SC 29681

FEI Number: 26-0674473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, SHARON
6301 E HILLSBOROUGH AVE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

NOWLIN, FRANCISCO
6301 E HILLSBOROUGH AVE
TAMPA, FL 33610 US

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.

SIGNATURE: FRANCISCO POWLIN

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MCKINNEY, JEFFERY L
Address: 208 RIVER WALK COURT
City-St-Zip: SIMPSONVILLE, SC 29681

Title: VP () Delete
Name: MCKINNEY, TRACY W
Address: 208 RIVER WALK COURT
City-St-Zip: SIMPSONVILLE, SC 29681

Title: SEC () Delete
Name: MCKINNEY, TRACY W
Address: 208 RIVER WALK COURT
City-St-Zip: SIMPSONVILLE, SC 29681

Title: TRES () Delete
Name: MCKINNEY, TRACY W
Address: 208 RIVER WALK COURT
City-St-Zip: SIMPSONVILLE, SC 29681

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY MCKINNEY

VP

02/19/2009

Electronic Signature of Signing Officer or Director

Date