

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000080662

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** COVENANT AUTO RECOVERY SERVICE INC.

**Current Principal Place of Business:**

2309 HANCOCK BRIDGE PKWY  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

1101 SE 12TH AVE  
UNIT A  
CAPE CORAL, FL 33990

**Current Mailing Address:**

2309 HANCOCK BRIDGE PKWY  
CAPE CORAL, FL 33990

**New Mailing Address:**

1101 SE 12TH AVE  
UNIT A  
CAPE CORAL, FL 33990

**FEI Number:** 66-0735444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRICKLAND, VICTORIA J  
2309 HANCOCK BRIDGE PKWY  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** STRICKLAND, VICTORIA J  
**Address:** 2309 HANCOCK BRIDGE PKWY  
**City-St-Zip:** CAPE CORAL, FL 33990

**Title:** VP  
**Name:** WILSON, BRIAN L  
**Address:** 2070 62END STREET NORTH  
**City-St-Zip:** CLEARWATER, FL 33760

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN L WILSON

VP

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date