

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90008 026 ***150.00

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1. Entity Name

WILDWOOD AUTO REPAIR & WRECKER SERVICE, INC.



Principal Place of Business

1190 SOUTH MAIN STREET
WILDWOOD, FL 34785 US

Mailing Address

P O BOX 645
WILDWOOD, FL 34785 US



01212004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3154442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOUGH, LYNDAS
1190 S. MAIN STREET
P.O. BOX 645
WILDWOOD, FL 34785

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	GOUGH, LYNDAS
STREET ADDRESS	1190 S. MAIN STREET
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	VP
NAME	REDDING, ROBERT
STREET ADDRESS	1190 SOUTH MAIN STREET
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	ST
NAME	REDDING, JULIE
STREET ADDRESS	1190 SOUTH MAIN STREET
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Lynda S. Gough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 1-29-04