

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000011432

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**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3154442

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOUGH, LYNDA S
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
GOUGH, LYNDA
1190 S. MAIN STREET
WILDWOOD, FL 34785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
REDDING, ROBERT
1190 SOUTH MAIN STREET
WILDWOOD, FL 34785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
REDDING, JULIE
1190 SOUTH MAIN STREET
WILDWOOD, FL 34785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000430412
02/22/06-80045-018 150.00

**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:

Lynda S. Gough
Lynda S. Gough

2-08-06 (352) 48-1716
Date Daytime Phone #