2008 FOR PROFIT CORPORATION ANNUAL REPORT

AMENDED

4/8/2008-90017-001-$61.25-$61.25
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 29 AM 9:10

DOCUMENT # P92000011432

1. Entity Name
WILDWOOD AUTO REPAIR & WRECKER SERVICE, INC.

Principal Place of Business	Mailing Address
1190 SOUTH MAIN STREET WILDWOOD, FL 34785 US	P O BOX 645 WILDWOOD, FL 34785 US

02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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~~ S
NAME	GOUGH, LYNDA
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Please delete the secretary position from Lynda S. Gough.

Please leave the secretary position with Julie A. Redding.

Many Thanks!
Lynda S. Gough

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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 3/04/08 362-748-1716
SIGNATURE AND TYPED OR PRINTED NAME OF ENDING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/30 aw