

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000011432

FILED  
Jan 08, 2009  
Secretary of State

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

## Current Principal Place of Business:

1190 SOUTH MAIN STREET  
WILDWOOD, FL 34785 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 645  
WILDWOOD, FL 34785 US

## New Mailing Address:

1190 SOUTH MAIN STREET  
WILDWOOD, FL 34785 US

FEI Number: 59-3154442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GOUGH, LYNDA S  
1190 S. MAIN STREET  
WILDWOOD, FL 34785 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:

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GOUGH, LYNDA  
Address: 1190 S. MAIN STREET  
City-St-Zip: WILDWOOD, FL 34785

Title: VP ( ) Delete  
Name: REDDING, ROBERT  
Address: 1190 SOUTH MAIN STREET  
City-St-Zip: WILDWOOD, FL 34785 US

Title: ST ( ) Delete  
Name: REDDING, JULIE  
Address: 1190 SOUTH MAIN STREET  
City-St-Zip: WILDWOOD, FL 34785 US

## 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:

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: JAMES T. GOUGH

OFFI

01/08/2009

Electronic Signature of Signing Officer or Director

Date