

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000086875

1. Entity Name
GLEN'S WRECKER SERVICE, INC.



Principal Place of Business
HIGHWAY 90 WEST, MACCLENY AVE.
GLEN ST. MARY, FL 32040

Mailing Address
P.O. BOX 341
GLEN ST. MARY, FL 32040



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3287978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEAS, WILLIAM J
2215 RIVER BLVD.
JACKSONVILLE, FL 32204

**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 _____ (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 DPT
NAME MIRACLE, VEATRICE C
STREET ADDRESS P. O. BOX 341-HWY 90
CITY-ST-ZIP GLEN ST. MARY, FL

TITLE V
NAME MIRACLE, KENNETH W
STREET ADDRESS HWY 90 P.O. BOX 341
CITY-ST-ZIP GLEN ST. MARY, FL 32040

TITLE S
NAME MIRACLE, GLENNIS L
STREET ADDRESS HWY 90 P.O. BOX 341
CITY-ST-ZIP GLEN ST. MARY, FL 32040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Veatrice Miracle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 (904) 259-7618
Date Daytime Phone #