

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90492 016 \*\*\*150.00

**DOCUMENT # P94000086875**

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



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**HIGHWAY 90 WEST, MACCLENNEY AVE. P.O. BOX 341**  
**GLEN ST. MARY, FL 32040 GLEN ST. MARY, FL 32040**

2. Principal Place of Business \_\_\_\_\_ 3. Mailing Address \_\_\_\_\_

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \_\_\_\_\_ ☐ Delete  
NAME **DPT**  
STREET ADDRESS **MIRACLE, VEATRICE C**  
CITY-ST-ZIP **P. O. BOX 341-HWY 90**  
**GLEN ST. MARY, FL**

TITLE \_\_\_\_\_ ☐ Change ☒ Addition  
NAME **Vice President 1**  
STREET ADDRESS **Tammy F. Lundquist**  
CITY-ST-ZIP **6896 Miltondale Rd**  
**Macclenny, FL 32063**

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

TITLE \_\_\_\_\_ ☐ Change ☒ Addition  
NAME **Vice President 2**  
STREET ADDRESS **Carmie McTarnay**  
CITY-ST-ZIP **11847 Fave Rd**  
**Macclenny, FL 32063**

TITLE \_\_\_\_\_ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 C Miracle - Veatrice C. Miracle

Date: 4/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #