

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000086875

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



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

Mailing Address  
P.O. BOX 1027  
GLEN ST. MARY, FL 32040

APPROVED  
AND  
FILED

06 SEP -7 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05032006 No Chg-P CR2E034 (11/05)

**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.

200079735202

09/12/06--01071--006 \*\*576.25

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 \$550.00  
Due by September 6, 2006**

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  
DPT  
MIRACLE, VEATRICE C  
P. O. BOX 341-HWY 90  
GLEN ST. MARY, FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V1  
LUNDQUIST, TAMMY F  
6896 MILTONDALE ROAD  
MACCLENNY, FL 32063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V2  
MCINARNAY, CARMIE  
11847 FAVE ROAD  
MACCLENNY, FL 32063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: Veatrice C. Miracle/VEATRICE C Miracle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-259-7618

01700