


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000011059	
1. Entity Name BRONCO AUTO SALVAGE, INC.	

Principal Place of Business 10502 BILL TUCKER DR WAIMAMA, FL 33598 US	Mailing Address 10502 BILL TUCKER DR WAIMAMA, FL 33598 US
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07202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3407766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BENITEZ, VICTOR 10502 BILL TUCKER DR WAIMAMA, FL 33598

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENITEZ, NORMA Y 10502 BILL TUCKER DR WAIMAMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BENITEZ, VICTOR 10502 BILL TUCKER DR WAIMAMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENITEZ, BELLE Y 10502 BILL TUCKER DR WAIMAMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BENITEZ, ELOISA M 10502 BILL TUCKER DR WAIMAMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, VANESSA E 10502 BILL TUCKER DR WAIMAMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000375026
08/01/05-80001-024 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #