

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000058083

FILED
Jan 07, 2004
Secretary of State

Entity Name: AUTO RECOVERY SERVICE, INC.

Current Principal Place of Business:

460 N SR 7
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 120277
PLANTATION, FL 33312 US

New Mailing Address:

FEI Number: 65-0681694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONDON, MARK S
4030-C SHERIDAN STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: GARNER, BILL M
Address: P O BOX 120277
City-St-Zip: PLANTATION, FL 333120277

Title: UPD () Delete
Name: HURST, DOUG
Address: P O BOX 120277
City-St-Zip: PLANTATION, FL 333120277

Title: TP () Delete
Name: HURST, JULIA
Address: PO BOX 120277
City-St-Zip: PLANTATION, FL 333120277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: GARNER, BILL M
Address: P O BOX 120277
City-St-Zip: PLANTATION, FL 333120277

Title: VP (X) Change () Addition
Name: HURST, DOUG
Address: P O BOX 120277
City-St-Zip: PLANTATION, FL 333120277

Title: T (X) Change () Addition
Name: HURST, JULIE
Address: PO BOX 120277
City-St-Zip: PLANTATION, FL 333120277

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILL M. GARNER

P/S

01/07/2004

Electronic Signature of Signing Officer or Director

Date