2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000058083

1. Entity Name
AUTO RECOVERY SERVICE, INC.

Principal Place of Business	Mailing Address
4201 SW 60 AVE FT LAUDERDALE, FL 33314 US	P O BOX 120277 FT LAUDERDALE, FL 33312 US

04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0681694
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARNER, BILL M
1610 W OAK KNOLL CIRCLE
DAVIE, FL 33324

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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, 2008 Fee will be $550.00

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

U00000880828
04/15/08-80077-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	GARNER, BILL M
STREET ADDRESS	P O BOX 120277
CITY-ST-ZIP	FT LAUDERDALE, FL 333120277
TITLE	VPD
NAME	HURST, DOUG
STREET ADDRESS	P O BOX 120277
CITY-ST-ZIP	FT LAUDERDALE, FL 333120277
TITLE	TD
NAME	HURST, JULIE
STREET ADDRESS	PO BOX 120277
CITY-ST-ZIP	FT LAUDERDALE, FL 333120277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 4/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #