

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000058083

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** AUTO RECOVERY SERVICE, INC.

**Current Principal Place of Business:**

4201 S. W. 60TH AVE  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 120277  
FT LAUDERDALE, 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:**

HURST, DOUGLAS S  
4201 SW 60TH AVE  
DAVIE, FL 33314 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

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: GARNER, BILL M  
Address: P O BOX 120277  
City-St-Zip: FT LAUDERDALE, FL 333120277

Title: VPD  
Name: HURST, DOUG  
Address: P O BOX 120277  
City-St-Zip: FT LAUDERDALE, FL 333120277

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS S HURST

VPD

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date