

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90006 038 ***150.00

DOCUMENT # P96000072684

1. Entity Name

MARATHON WRECKER SERVICE, INC.



Principal Place of Business

**8259 OVERSEAS HWY
MARATHON FL 33050**

Mailing Address

**8259 OVERSEAS HWY
MARATHON FL 33050**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0690854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOLOGNA, SIMONE
98 CALLE ENSUENO
MARATHON FL 33050**

*NOTE CHANGE
OF ADDRESS*

Name

BOLOGNA SIMONE

Street Address (P.O. Box Number is Not Acceptable)

8259 OVERSEAS HWY

City

MARATHON

FL

Zip Code

33050

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **BOLOGNA, SIMONE**
STREET ADDRESS **98 CALLE ENSUENO**
CITY-ST-ZIP **MARATHON FL**

TITLE ☐ Delete

NAME **VP**
NAME **CAMMARATA, TOMMASO**
STREET ADDRESS **P O BOX 837**
CITY-ST-ZIP **MARATHON FL**

TITLE ☐ Delete

NAME **ST**
NAME **MELIA, VITO**
STREET ADDRESS **576 99TH ST OCEAN**
CITY-ST-ZIP **MARATHON FL**

TITLE ☐ Delete

NAME **S**
NAME **BOLOGNA, FRANCESCA**
STREET ADDRESS **8259 OVERSEAS HWY**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **P**
NAME **BOLOGNA SIMONE**
STREET ADDRESS **8259 OVERSEAS HWY**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Change ☐ Addition

NAME **VP**
NAME **CAMMARATA TOMMASO**
STREET ADDRESS **2411 YELLOW TAIL DRIVE**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Change ☐ Addition

NAME **ST**
NAME **MELIA VITO**
STREET ADDRESS **13 IBIS LANE**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

01-27-04 3057432321