

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000031341	
1. Entity Name JORDAN WRECKER SERVICE, INC.	

Principal Place of Business 905 NORTH RAIL ROAD AVENUE BOYNTON BEACH, FL 33435	Mailing Address 905 NORTH RAIL ROAD AVENUE BOYNTON BEACH, FL 33435
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0911403	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required

5. Name and Address of Current Registered Agent

**ROBINSON, ROBERT
905 N RAILROAD AVE
BOYNTON BEACH, FL 33435**

**DO NOT WRITE
IN THIS SPACE**

6. 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's signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$250.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, ROBERT 3388 N. OLD DIXIE HWY DELRAY BEACH, FL 33483
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**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 19.07(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 #

Robt K. Robinson Pres. 2-11-04 561 733 5913