

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90138 008 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0911403	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROBINSON, ROBERT 905 N RAILROAD AVE BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name ROBERT ROBINSON Street Address (P.O. Box Number is Not Acceptable) 709 ENFIELD RD City DELRAY BEACH FL Zip Code 33444	
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.				DATE 3-29-06 (NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, ROBERT 3388 N. OLD DIXIE HWY DELRAY BEACH, FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR, PRES. ROBERT ROBINSON 709 ENFIELD RD DELRAY BEACH, FL 33444 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 3-29-06 561.261.5095 Date Daytime Phone	

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