

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

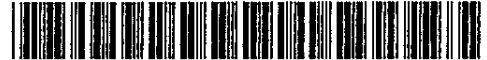
DOCUMENT # P99000056081

1. Entity Name
ST. AUGUSTINE WRECKER SERVICE INC.



Principal Place of Business
2120 STATE ROAD 16
ST. AUGUSTINE, FL 32095

Mailing Address
2120 STATE ROAD 16
ST. AUGUSTINE, FL 32095



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 59-3584492 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

5. Name and Address of Current Registered Agent

AKEL, DANIEL D ESQ.
HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A.
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

1100000324936
01/10/06-80001-023 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HARTLEY, ROBERT B 1407 EASTWIND DRIVE JACKSONVILLE BEACH, FL 32250 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ELLIS, TIMOTHY N 5336 ALPHA AVENUE JACKSONVILLE, FL 32205 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HOPKINS, RONALD G 2144 MATEFIELD RD JACKSONVILLE, FL 32225 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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: Robert B Hartley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-06 908-828-3769
Date Daytime Phone #