

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S05984

FILED
Apr 27, 2009
Secretary of State

Entity Name: JIMMIES WRECKER SERVICE INC.

Current Principal Place of Business:

9032 US 1 N
JACKSONVILLE, FL 32219

New Principal Place of Business:

9032 US 1 N OR NEW KINGS ROAD
JACKSONVILLE, FL 32219 US

Current Mailing Address:

9032 US 1 N
JACKSONVILLE, FL 32219

New Mailing Address:

9032 US 1 N OR NEW KINGS ROAD
JACKSONVILLE, FL 32219 US

FEI Number: 59-3037441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, JACKQUELYN
9032 US 1 N
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

CRAWFORD, JACKQUELYN
9032 US 1 N OR NEW KINGS ROAD
JACKSONVILLE, FL 32219 US

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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRAWFORD, MCKINLEY E.
Address: 9032 US 1 N
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: CRAWFORD, JACKQUELYN B.
Address: 9032 US #1 N
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CRAWFORD, MCKINLEY E.
Address: 9032 US 1 N OR NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: D (X) Change () Addition
Name: CRAWFORD, JACKQUELYN B.
Address: 9032 US #1 N OR NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32219 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACKQUELYN B CRAWFORD

O/D

04/27/2009

Electronic Signature of Signing Officer or Director

Date