

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S05984

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** JIMMIES WRECKER SERVICE INC.

**Current Principal Place of Business:**

9032 NEW KINGS RD OR US1 NORTH  
JACKSONVILLE, FL 322192627 US

**New Principal Place of Business:**

**Current Mailing Address:**

10826 CREATIVE DRIVE  
JACKSONVILLE, FL 322184371 US

**New Mailing Address:**

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  
10826 CREATIVE DRIVE  
JACKSONVILLE, FL 322184371 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D&O  
Name: CRAWFORD, MCKINLEY E.  
Address: 10826 CREATIVE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D&O  
Name: CRAWFORD, JACKQUELYN B.  
Address: 10826 CREATIVE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby 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 all other like empowered.

SIGNATURE: JACKQUELYN B CRAWFORD

D&O

04/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date