## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S74523

FILED Apr 30, 2007 Secretary of State

Entity Name: AMERICAN EAGLE WRECKER SERVICE, INC.

Current Principal Place of Business:			New Principal Place of Business:		
902 BLOUNTSTOWN HWY. TALLAHASSEE, FL 32304 US		950 YULEE STREET TALLAHASSEE, FL 32304 US			
Current Mailing Address:			New Mailing Address:		
	NQUILITY PLACE SSEE, FL 32310	US			
El Number:	59-3105901 F	El Number Applied For ( ) FEI Nui	mber Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and	Address of Curr	ent Registered Agent:	Name and	Address of New Registered Agent:	
TALLAHAS	NQUILITY PLACE SSEE, FL 32310	US			
	named entity sub of Florida.	mits this statement for the purpose o	of changing it	s registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic S	Signature of Registered Agent		Date	
Election Cam	npaign Financing Tr	ust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	V () Del BAKER, JOHN A 1138 FERWOOD D TALLAHASSEE, FL	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	P () Del MARSH, CLIFF L 5400 TRANQUILITY TALLAHASSEE, FL	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	V () Del MARKOFSKI, MICH 1206 LUCY STREE TALLAHASSEE, FL	AEL J T.	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition MARKOFSKI, MICHAEL J 2339 A HORN STREET TALLAHASSEE, FL 32304	
Fitle: Name: Address: City-St-Zip:	VP ( ) Del MARSH, LISA 5400 TRANQUILITY TALLAHASSEE, FL	PLACE	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition MARSH, LISA V 5400 TRANQUILITY PLACE TALLAHASSEE, FL 32310	
Fitle: Name: Address: City-St-Zip:	D () Del GIAIMO, MICHAEL 902 BLOUNTSTOW TALLAHASSEE, FL	/N HWY	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition GIAIMO, MICHAEL 950YULEE STREET TALLAHASSEE, FL 32304	
Fitle: Name: Address: City-St-Zip:	D () Del YARBROUGH, PHIL 902 BLOUNTSTOW TALLAHASSEE, FL	LLIP W /N HWY	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition ROBERTS, OSBERT 950 YULEE STREET TALLAHASSEE, FL 32304	
				" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	

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: LISA V. MARSH VP 04/30/2007