2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# S74523

Entity Name: AMERICAN EAGLE WRECKER SERVICE, INC.

Current Principal Place of Business:

950 YULEE STREET
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

5400 TRANQUILITY PLACE
TALLAHASSEE, FL 32310 US

New Mailing Address:

FEI Number: 59-3105901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARSH, CLIFF
5400 TRANQUILITY PLACE
TALLAHASSEE, FL 32310 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: BAKER, JOHN A
Address: 1138 FERWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

Title: P ( ) Delete
Name: MARSH, CLIFF L
Address: 5400 TRANQUILITY PLACE
City-St-Zip: TALLAHASSEE, FL 32310

Title: V ( ) Delete
Name: MARKOFSKI, MICHAEL J
Address: 2339 A HORN STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP ( ) Delete
Name: MARSH, LISA V
Address: 5400 TRANQUILITY PLACE
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: GIAIMO, MICHAEL
Address: 950 YULEE ST
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: ROBERTS, OSBERT
Address: 950 YULEE STREET
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 01/16/2008
Electronic Signature of Signing Officer or Director Date