

# ANNUAL REPORT

DOCUMENT # V28309

1. Entity Name  
PURSELL'S WRECKER & ROAD SERVICE, INC.



Principal Place of Business  
5173 NE CUBITUS  
ARCADIA, FL 34266 US

Mailing Address  
P.O. BOX 327  
ARCADIA, FL 34265 US

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0329327

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PURSELL, HORACE H.  
714 E. MAPLE ST.  
ARCADIA, FL 34266

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PURSELL, JOSEPH R
STREET ADDRESS	714 E MAPLE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	LUNSFORD, JENNIFER P
STREET ADDRESS	714 E. MAPLE ST.
CITY-ST-ZIP	ARCADIA, FL 34265
TITLE	D
NAME	PURSELL, HORACE H
STREET ADDRESS	714 E MAPLE STREET
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	S
NAME	SIMMONS, TERRI PURSELL
STREET ADDRESS	716 N MILLS AVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000572069  
07/25/06-80012-019 150.00

**DO NOT WRITE  
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: *Horace H. Purcell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #