

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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



03282007 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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	

U00000684818
04/06/07-80048-001 150.00

**DO NOT WRITE
THIS SPACE**

4/2/07
CC

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

3/28/07
Date

Daytime Phone #