

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 492393

Entity Name: JOHNSON'S WRECKER SERVICE, INC.**Current Principal Place of Business:**500 WILMER AVE.
ORLANDO, FL 32808**Current Mailing Address:**580 WILMER AVENUE
ORLANDO, FL 32808 US**FEI Number:** 59-1635639**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSON, DARRELL
500 WILMER AVE
ORLANDO, FL 32808 US*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**Officer/Director Detail :**

Title	P
Name	JOHNSON, DARRELL
Address	500 WILMER AVE
City-State-Zip:	ORLANDO FL 32808

Title	CEO
Name	JOHNSON, JACQUELINE A
Address	500 WILMER AVE
City-State-Zip:	ORLANDO FL 32808

Title	VP
Name	JOHNSON JR., DARRELL
Address	500 WILMER AVE.
City-State-Zip:	ORLANDO FL 32808

Title	S
Name	JOHNSON, DARLENE
Address	500 WILMER AVE.
City-State-Zip:	ORLANDO FL 32808

Title	T
Name	JOHNSON, DORIE
Address	500 WILMER AVE.
City-State-Zip:	ORLANDO FL 32808

Title	VP
Name	JOHNSON, DENNIS D.
Address	500 WILMER AVE.
City-State-Zip:	ORLANDO FL 32808

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: JACQUELINE A JOHNSON

CEO

01/16/2014

Electronic Signature of Signing Officer/Director Detail_____
Date