

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J87953</b>	
<b>1. Entity Name</b> TRI-COUNTY TOWING, INC.	

<b>Principal Place of Business</b> 1155 BELLE AVENUE WINTER SPRINGS FL 32708	<b>Mailing Address</b> 1155 BELLE AVENUE WINTER SPRINGS FL 32708
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<b>2. Principal Place of Business</b> <i>Same</i>	<b>3. Mailing Address</b>
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 59-2384420	<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  WILLIAMS, CLARENCE MILTON, III 1155 BELLE AVENUE WINTER SPRINGS FL 32708	<b>7. Name and Address of New Registered Agent</b> Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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**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 *Clarence Milton Williams III* DATE *1/18/05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P HANSEN, IRIS J. 1155 BELLE AVENUE WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP WILLIAMS, CLARENCE M, III 1155 BELLE AVENUE WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Clarence Milton Williams III* *CLARENCE MILTON WILLIAMS III* DATE *1/18/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #