2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-14-2005 90086 040 ***150.00 DOCUMENT # M96274 1. Entity Name STEPP'S TOWING SERVICE TAMPA, INC. 40031911 Principal Place of Business Mailing Address 9602 E. U.S. HWY. 92 9602 E. U.S. HWY. 92 TAMPA, FL 33610 TAMPA, FL 33610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272005 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 59-2912060 Not Applicable Zin Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPP, JAMES E Street Address (P.O. Box Number is Not Acceptable) 9602 E HIGHWAY, 92 TAMPA, FL 33610 City Zip Code FL 8. The above name is stitly 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 egistered agent. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE ☐ Delete TITLE ☐ Change STEWART TAMMY STEPP, JAMES NAME NAME 9602 E HWY 92 9602 E. U.S. HWY, 92 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP TAMPA FOR DVT Addition ☐ Change TITLE ☐ Delete THE STEPP, JUDITH NAME MAME 9602 E. U.S. HWY. 92 STREET ADDRESS STREET ADDRESS City-St-789 CITY-ST-ZIP TAMPA, FL Addition ☐ Delete Change TITLE TITLE STEPP, RANDY J. NAME STREET ADDRESS 9602 E. U.S. HWY. 92 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL Delete ☐ Addition TITLE Change ROBERTS, SUE NAME NAME 9602 E. U.S. HWY. 92 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL CHY-ST-7IP Addition TITLE ☐ Delete ₹ITLE ☐ Change STEPP, TODD E. 9602 E. U.S. HWY 92 STREET ADDRESS. STREET ADORESS din CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP Addition HILE ☐ Delete TITLE Change ٠.٠. ، NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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 attac ent with an address, with all other I SIGNATURE RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 14, 2005 8:00 am Secretary of State

Daytime Phone #

Date