

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90020 009 ***150.00

DOCUMENT # M96274	
1. Entity Name STEPPI'S TOWING SERVICE TAMPA, INC.	

Principal Place of Business 9602 E. U.S. HWY. 92 TAMPA FL 33610	Mailing Address 9602 E. U.S. HWY. 92 TAMPA FL 33610
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2. Principal Place of Business 9602 E HWY 92 Suite, Apt. #, etc.	3. Mailing Address 9602 E HWY 92 Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State TAMPA FLA	City & State TAMPA FLA
Zip 33610	Country FLORIDA

4. FEI Number 59-2912060	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEPP, JAMES E 9602 E HIGHWAY 92 TAMPA FL 33610	
7. Name and Address of New Registered Agent Name JAMES E STEPP Street Address (P.O. Box Number is Not Acceptable) 9602 E HWY 92 City TAMPA FL Zip Code 33610	

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 *James E Stepp* (NOTE: Registered Agent signature required when reinstating) DATE **1-23-06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEPP, JAMES 9602 E. U.S. HWY. 92 TAMPA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT STEPP, JUDITH 9602 E. U.S. HWY. 92 TAMPA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPP, RANDY J. 9602 E. U.S. HWY. 92 TAMPA FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, TAMMY 9602 E. U.S. HWY. 92 TAMPA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPP, TODD E. 9602 E. U.S. HWY 92 TAMPA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPP, JAMES L 9602 W HWY 92 TAMPA FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James E Stepp* (83) **1-23-06 6215651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #