2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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1. Entity Name
STEPP'S TOWING SERVICE TAMPA, INC.

40029385

Principal Place of Business	Mailing Address
9602 E. U.S. HWY. 92 TAMPA, FL 33610	9602 E. U.S. HWY. 92 TAMPA, FL 33610

01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2912060
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEPP, JAMES E
9602 E HIGHWAY 92
TAMPA, FL 33610

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	STEPP, JAMES
STREET ADDRESS	9602 E. U.S. HWY. 92
CITY-ST-ZIP	TAMPA, FL
TITLE	DVT
NAME	STEPP, JUDITH
STREET ADDRESS	9602 E. U.S. HWY. 92
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	STEWART, TAMMY
STREET ADDRESS	9602 E. U.S. HWY. 92
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	STEPP, TODD E.
STREET ADDRESS	9602 E. U.S. HWY 92
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	STEPP, JAMES L
STREET ADDRESS	9602 W HWY 92
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Judith A. Stepp 813-621-8651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #