

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000063478 1. Entity Name JOHN'S TOWING SERVICE INC.																																																																																																					
Principal Place of Business 704 NE 2ND AVE OKEECHOBEE FL 34972			Mailing Address 704 NE 2ND AVE OKEECHOBEE FL 34972																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																		
City & State			City & State																																																																																																		
Zip		Country		4. FEI Number: 59-2021982																																																																																																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																			
6. Name and Address of Current Registered Agent COOK, JOHN R 805 SW PARK ST OKEECHOBEE FL 34972				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																	
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 _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">DPS</td> <td style="width: 25%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">U00000016430</td> <td style="width: 25%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>LOWE, JOHN M</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>704 NE 2ND AVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OKEECHOBEE FL 34972</td> <td></td> <td>CITY-ST-ZIP</td> <td>01/28/04-80055-015 150.00</td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr><td colspan="6"> </td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DPS	☐ Delete	TITLE	U00000016430	☐ Change ☐ Addition	NAME	LOWE, JOHN M		NAME			STREET ADDRESS	704 NE 2ND AVE		STREET ADDRESS			CITY-ST-ZIP	OKEECHOBEE FL 34972		CITY-ST-ZIP	01/28/04-80055-015 150.00								TITLE		☐ Delete	TITLE		☐ Change ☐ Addition							TITLE		☐ Delete	TITLE		☐ Change ☐ Addition							TITLE		☐ Delete	TITLE		☐ Change ☐ Addition							TITLE		☐ Delete	TITLE		☐ Change ☐ Addition							TITLE		☐ Delete	TITLE		☐ Change ☐ Addition						
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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: John M. Lowe John M. Lowe 1/23/04 863-763-7976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #