
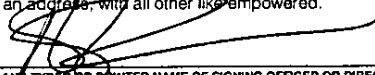


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90082 044 ***150.00

DOCUMENT # P03000043415			
1. Entity Name SANTA CRUZ TOWING INC			
Principal Place of Business 1850 NW 29TH STREET OAKLAND PARK, FL 33311 US		Mailing Address 1850 NW 29TH STREET SUITE 200 OAKLAND PARK, FL 33311 US	
2. Principal Place of Business		3. Mailing Address 1850 NW 29th STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State OAKLAND PARK	
Zip	Country	Zip	Country
33311	US	33311	US
6. Name and Address of Current Registered Agent HOLMES, HOWARD B 4751 NW 17 CT LAUDERHILL, FL 33313		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, HOWARD B	NAME	
STREET ADDRESS	4751 NW 17 CT	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33313	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, HOWARD A	NAME	
STREET ADDRESS	20873 NW 2ND ST	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	HOLMES, TANYA
STREET ADDRESS		STREET ADDRESS	4751 NW 17 CT
CITY-ST-ZIP		CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 4/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
HOWARD HOLMES, PRESIDENT.			