

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048731

FILED
Jan 08, 2004
Secretary of State

Entity Name: AAID TOWING, INC.

Current Principal Place of Business:

5647 FUNSTON ST
HOLLYWOOD, FL 33023

New Principal Place of Business:

4910 SW 188TH AVE
SOUTHWEST RANCHES, FL 33332 US

Current Mailing Address:

4910 SW 188TH AVE
SOUTHWEST RANCHES, FL 33332

New Mailing Address:

FEI Number: 41-2093969 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROBERTS, ANDREW N
4910 SW 188TH AVE
SOUTHWEST RANCHES, FL 33332

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, ANDREW N
Address: 4910 SW 188TH AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: VP () Delete
Name: WILSON, DAWN M
Address: 4910 SW 188TH AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN M WILSON

VP

01/08/2004

Electronic Signature of Signing Officer or Director

_____ Date