2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:\(

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P05000162206 03-08-2007 90172 001 *****8.75 1. Entity Name 03-08-2007 90172 002 ***150.00 **REVIS TOWING & RECOVERY OF GROVELAND, INC.** Principal Place of Business Mailing Address OUUUTOUL 7130 E. STATE RD. 50 7130 E. STATE RD. 50 GROVELAND, FL 34736 GROVELAND, FL 34736 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252007 CR2E034 (12/06) Chg-P Applied For City & State 4. FEI Number City & State 20-3933944 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PYKE, SCOTT 7130 E. STATE RD. 50 Street Address (P.O. Box Number is Not Acceptable) GROVELAND, FL 34736 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ΠP Delete TITLE ☐ Change ☐ Addition PYKE, SCOTT NAME NAME 7130 E. STATE RD. 50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GROVELAND, FL 34736 CITY-ST-ZIP VSTD TITLE ☐ Delete TITLE Change ☐ Addition PYKE, ROBIN REVIS NAME NAME STREET ADDRESS 7130 E. STATE RD. 50 STREET ADDRESS CITY-ST-ZIP GROVELAND, FL 34736 CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition TITLE THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

1-25-07

*352-394-525*2

Daytime Phone #

Mar 08, 2007 8:00 am