


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90036 033 ***150.00

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1. Entity Name
AA & D TOWING SERVICE CORP



Principal Place of Business Mailing Address
560 DIANES CIR CASSELBERRY FL 32707 **560 DIANES CIR CASSELBERRY FL 32707**

2. Principal Place of Business - No P.O. Box #
533 MANDRAKE CV

3. Mailing Address
 Suite, Apt. #, etc. **APT # 4** Suite, Apt. #, etc.

City & State **CASSELBERRY FL** City & State

Zip **32730** Country Zip Country

4. FEI Number **75-3218853** Applied For Not Applicable

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

1st MOORE CR2E034 (10/07)



6. Name and Address of Current Registered Agent
GARCIA, ALVIN M
560 DIANES CIR
CASSELBERRY FL 32707

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	GARCIA, ALVIN M
STREET ADDRESS	560 DIANES CIR
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	GARCIA, ANNA LISE M
STREET ADDRESS	560 DIANES CIR
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	T <input type="checkbox"/> Delete
NAME	GARCIA, DIANE A
STREET ADDRESS	560 DIANES CIR
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	VP <input type="checkbox"/> Delete
NAME	ROMERO, MARIA BELLANID
STREET ADDRESS	560 DIANES CR.
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **ALVIN M GARCIA** **1/30/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #