

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005200

FILED
Jan 25, 2005
Secretary of State

Entity Name: REVIS TOWING & RECOVERY OF OCALA INC.

Current Principal Place of Business:

746 N.W. 30TH AVENUE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

746 N.W. 30TH AVENUE
OCALA, FL 34475

New Mailing Address:

FEI Number: 59-3349869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REVIS, STEPHEN
746 NW 30TH AVE
OCALA, FL 34475 US

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: DPV () Delete
Name: REVIS, STEPHEN E
Address: 746 N.W. 30TH AVENUE
City-St-Zip: OCALA, FL

Title: DST () Delete
Name: REVIS, BETH A.
Address: 746 NW 30TH AVE
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change () Addition
Name: REVIS, STEPHEN E
Address: 746 N.W. 30TH AVENUE
City-St-Zip: OCALA, FL 34475

Title: DST (X) Change () Addition
Name: REVIS, BETH A.
Address: 746 NW 30TH AVE
City-St-Zip: OCALA, FL 34475

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: STEPHEN E REVIS

PRES

01/25/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date