

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005200

FILED  
Jan 04, 2008  
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 34475

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

**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 exemption stated 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 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: BETH A REVIS

DST

01/04/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date