

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000061675

**FILED**  
**Feb 11, 2005**  
**Secretary of State**

**Entity Name:** GULF RESCUE & TOWING, INC.

**Current Principal Place of Business:**

419 CROSSWINDS DRIVE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

4343 BUENA VISTA LANE  
HOLIDAY, FL 34691

**Current Mailing Address:**

419 CROSSWINDS DRIVE  
PALM HARBOR, FL 34683

**New Mailing Address:**

4343 BUENA VISTA LANE  
HOLIDAY, FL 34691

**FEI Number:** 59-3390307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JEFFREY A  
419 CROSSWINDS DRIVE  
PALM HARBOR, FL 34683 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: P ( ) Delete  
Name: HART, JEFFREY A  
Address: 419 CROSSWINDS DRIVE  
City-St-Zip: PALM HARBOR, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HART, JEFFREY A  
Address: 419 CROSSWINDS DRIVE  
City-St-Zip: PALM HARBOR, FL 34683 US

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: JEFFREY A. HART

P

02/11/2005

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

\_\_\_\_\_ Date