2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 27, 2007 8:00 am **Secretary of State** DOCUMENT # P98000033657 03-27-2007 90013 007 ***150.00 JIMMIE R. HALEY TOWING, INC. Principal Place of Business Mailing Address 16436 73RD COURT NORTH 16436 73RD COURT NORTH LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1531 A PPALOOSA LANE 1531 APPALOOSA LANE Suite Apt # etc 03212007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 65-0837975 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALEY, BARBARA Street Address (P.O. Box Number is Not Acceptable) 16436 73RD COURT NORTH LOXAHATCHEE, FL 33470 531 APPALOOSA CITYWAUCHULA 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 (NOTE: Registored Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE HALFY JIMMIE NAME NAME 1531 APPALOOSA LANE WAUCHULA, FI 33873 Change Addition 1531 APPALOOSA LANE STREET ADDRESS 16436 73RD COURT NORTH STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 CITY-ST-ZP VΡ TITLE ☐ Delete TITLE NAME HALEY, BARBARA NAME STREET ADDRESS 16436 73RD COURT NORTH STREET ADDRESS WAUCHULA FI 33873 CITY-ST-ZIP LOXAHATCHEE, FL 33470 CITY-ST-71P TITLE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZP TITLE ☐ Detete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

Andria & Same 外围 推销 CARE AMERICAN STREET THE REPORT OF SECURE