## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # V60664 1. Entity Name A & R TOWING SERVICE, INC. Principal Place of Business Malling Address 2404 DRIFTWOOD PO BOX 181541 FERN PARK, FL 32730 CASSELBERRY, FL 32730 02142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3143051 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RODRIGUEZ, ANDREW DO NOT WRITE 2404 DRIFTWOOD DR FERN PARK, FL 32730 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, ANDREW NAME 2404 DRIFTWOOD DR STREET ADDRESS CITY-ST-ZIP FERN PARK, FL 32730 TITLE H00000438962 RODRIGUEZ, ANDREW NAME 03/01/06-80027-008 150.00 STREET ADDRESS 2404 DRIFTWOOD DR FERN PARK, FL 32730 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 cath; 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-06 (407) 695-3812

FILED

Feb 20, 2006 08:00 AM