

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90049 023 ***150.00

DOCUMENT # P02000045602

1. Entity Name

TOUCAN TOWING & RECOVERY, INC.



Principal Place of Business

1710 COSTA DEL SOL
BOCA RATON FL 33432

Mailing Address

1710 COSTA DEL SOL
BOCA RATON FL 33432

04000120

2. Principal Place of Business

130 NW SPANISH RIVER
BLVD

3. Mailing Address

130 NW SPANISH RIVER BLVD



MOORE

CR2E034 (11/03)

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

42-1534860

Applied For

Not Applicable

Zip

33431

Country

FLORIDA

Zip

33431

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGADO, JEREMY
1710 COSTA DEL SOL
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: JEREMY MORGADO
Street Address (P.O. Box Number is Not Acceptable)
130 NW SPANISH RIVER BLVD
City: BOCA RATON FL Zip Code: 33431

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

Jeremy Morgado President

2-13-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORGADO, JEREMY	
STREET ADDRESS	1710 COSTA DEL SOL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORGADO, JOSEPH SR	
STREET ADDRESS	1710 COSTA DEL SOL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORGADO, MARIA	
STREET ADDRESS	1710 COSTA DEL SOL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeremy Morgado President 2-13-04 361-361-6371