2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152523

Entity Name: TREASURE COAST TOWING & RECOVERY, INC.

FILED Mar 26, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1337 SW BILTMORE ST 1139 SW BILTMORE ST PORT ST LUCIE, FL 34983 PORT ST LUCIE, FL 34983

Current Mailing Address: New Mailing Address:

1337 SW BILTMORE ST 1139 SW BILTMORE ST PORT ST LUCIE, FL 34983 PORT ST LUCIE, FL 34983

FEI Number: 20-2787545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BRIAN STONE LISA STONE

1337 SW BILTMORE ST 1139 SW BILTMORE ST

PORT ST LUCIE, FL 34983 US PORT ST LUCIE, FL 34983 US

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: LISA STONE 03/26/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS: PRFS

Title:

Title: **PRFS** (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

STONE, BRIAN E Name: Name: STONE, LISA G

1337 SW BILTMORE ST 1139 SW BILTMORE ST Address: Address: City-St-Zip: PORT ST LUCIE, FL 34983 City-St-Zip: PORT ST LUCIE, FL 34983

VΡ Title: VΡ (X) Change () Addition Title: () Delete Name: BORDONALI, MICHAEL A Name: LORA, STONE R

1337 SW BILTMORE ST 1139 SW BILTMORE ST Address: Address: PORT ST LUCIE, FL 34983 PORT ST LUCIE, FL 34983 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete

STONE, LORA STONE, LORA R Name: Name: 1337 SW BILTMORE ST 1139 SW BILTMORE ST Address: Address: City-St-Zip: PORT ST LUCIE, FL 34983 City-St-Zip: PORT ST LUCIE, FL 34983

Title: () Delete Title: () Change (X) Addition

STONE, LISA G Name: Name: Address: Address: 1139 SW BILTMORE ST City-St-Zip: City-St-Zip: PORT SAINT LUCIE, FL 34983

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: LISA STONE **PRES** 03/26/2008