## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000002178

FILED Jan 21, 2005 Secretary of State

Entity Name: COLONIAL TOWING INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
	THROP AVE. H, GA 314020	0576 US			
Current M	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
P. O. BOX SAVANNA	576 H, GA 314020	0576 US			
FEI Number:	75-3024420	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
COPPEDGE, ROBERT 5401-2 EVERGREEN AVENUE JACKSONVILLE, FL 32208 US				MORELAN, DON 5401-2 EVERGREEN AVENUE JACKSONVILLE, FL 32208 US	
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DON MORELAN				01/21/2005	
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DEMERE, ROB 101 N. LATHRO		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BROWN, FRAN 101 N. LATHRO		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BAKER, WILLI 101 N. LATHRO		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PARK, A. JOE 101 N. LATHRO		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	т (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCIS A. BROWN VD 01/21/2005

HODGES, CHARLES H

101 N. LATHROP AVENUE

SAVANNAH, GA 314020576 US

Name:

Address:

City-St-Zip: