2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # G85116

1. Entity Name
ROGERS' TOWING AND RECOVERY SERVICE, INC.

Principal Place of Business	Mailing Address
800 SOUTH STATE STREET P O BOX 1094 BUNNELL, FL 32110-1094	800 SOUTH STATE STREET P O BOX 1094 BUNNELL, FL 32110-1094

DO NOT WRITE IN THIS SPACE

04072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2382498
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, WILLIAM, PATRICK
800 SOUTH STATE ST
BUNNELL, FL 32010

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000506989
04/27/06-80045-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROGERS, JOANNE
STREET ADDRESS	800 SOUTH STATE STREET
CITY-ST-ZIP	BUNNELL, FL
TITLE	VP
NAME	SARMENTO, JOHN
STREET ADDRESS	900 S. US
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	S
NAME	SARMENTO, TRACY
STREET ADDRESS	900 S. US 1
CITY-ST-ZIP	BRUNNELL, FL 32110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statut es. 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: Joanne Rogers Joanne Rogers 4/11/06 386-4373039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #