

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G85116

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

800 SOUTH STATE STREET
BUNNELL, FL 321101094

New Principal Place of Business:

800 SOUTH STATE STREET
BUNNELL, FL 32110

Current Mailing Address:

800 SOUTH STATE STREET
P O BOX 1094
BUNNELL, FL 321101094

New Mailing Address:

800 SOUTH STATE STREET
P O BOX 1094
BUNNELL, FL 32110

FEI Number: 59-2382498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, WILLIAM, PATRICK
800 SOUTH STATE ST
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGERS, JOANNE
Address: 800 SOUTH STATE STREET
City-St-Zip: BUNNELL, FL

Title: VP () Delete
Name: SARMENTO, JOHN
Address: 900 S. US 1
City-St-Zip: BUNNELL, FL 32110

Title: S () Delete
Name: SARMENTO, TRACY
Address: 900 S. US 1
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOANNE ROGERS

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date