


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # J87099 1. Entity Name TOBIN'S TOWING, INC.	
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Principal Place of Business 220 S DIXIE HWY HOLLYWOOD, FL 33020 US	Mailing Address 220 S DIXIE HWY HOLLYWOOD, FL 33020 US
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03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2848606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TOBIN, ARTHUR 220 S DIXIE HWY HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000112103
04/14/04-80010-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE S	NAME FAILLA, KAREN STREET ADDRESS 220 S DIXIE HWY CITY - ST - ZIP HOLLYWOOD, FL 33020
TITLE P	NAME TOBIN, ARTHUR SR STREET ADDRESS 220 S DIXIE HWY CITY - ST - ZIP HOLLYWOOD, FL 33020
TITLE VP	NAME TOBIN, ARTHUR STREET ADDRESS 220 S DIXIE HWY CITY - ST - ZIP HOLLYWOOD, FL 33020
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 exemption stated in Section 119.07(3)(f), 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

4-9-04 954-921-9112
Date Daytime Phone #