## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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## **Secretary of State DOCUMENT # J87099** 03-15-2006 90089 025 \*\*\*150.00 1. Entity Name TOBIN'S TOWING, INC. Principal Place of Business Mailing Address 220 S DIXIE HWY 220 S DIXIE HWY HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 US 2. Principal Place of Business 4971 5 w 34 3. Mailing Address 4971 SW Suite, Apt. #, etc. 01232006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 7/a DAVIE BAVÍC 59-2848606 Not Applicable Country NS \$8.75 Additional 5. Certificate of Status Desired 331 Y Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOBIN, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 220 S DIXIE HYWY HOLLYWOOD, FL 33020 715W 34 7 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE S ☐ Delete TITLE Change ☐ Addition 49715w34thple-FAILLA, KAREN NAME NAME STREET ADDRESS STREET ADDRESS 220 S DIXIE HWY DAVIE, 7/9 33314 HOLLYWOOD, FL: 33020 CITY-ST-7IP CITY-ST-ZIP Change PRESIDENT TITLE Delete TITLE **Addition** ARTHUR TOBIN, JR. TOBIN, ARTHUYR SR NAME NAME 497/5W 34 th plc. 220 S DIXIE HWY STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-ZIP DAVIC, 719. 33314 TITLE VΡ Delete TITLE ☐ Change ☐ Addition TOBIN, ARTHUR NAME NAME STREET ADDRESS 220 S. DIXIE HWY STREET ADDRESS HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 907, 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: -

FILED

Mar 15, 2006 8:00 am