


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90089 025 \*\*\*150.00

DOCUMENT # J87099			
1. Entity Name TOBIN'S TOWING, INC.			
Principal Place of Business 220 S DIXIE HWY HOLLYWOOD, FL 33020 US		Mailing Address 220 S DIXIE HWY HOLLYWOOD, FL 33020 US	
2. Principal Place of Business 4971 SW 34 <sup>th</sup> Plc. Suite, Apt. #, etc.		3. Mailing Address 4971 SW 34 <sup>th</sup> Plc. Suite, Apt. #, etc.	
City & State DAVIE FL		City & State DAVIE FL	
Zip 33314		Zip 33314	
Country USA		Country USA	
4. FEI Number 59-2848606		Applied For 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		7. Name and Address of New Registered Agent Name: ARTHUR TOBIN, JR. Street Address (P.O. Box Number is Not Acceptable): 4971 SW 34 <sup>th</sup> Plc. City: DAVIE FL Zip Code: 33314	
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: <u>Arthur Tobin</u> DATE: <u>2/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: S	NAME: FAILLA, KAREN <input type="checkbox"/> Delete	TITLE:	NAME: 4971 SW 34 <sup>th</sup> Plc. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 220 S DIXIE HWY	CITY-ST-ZIP: HOLLYWOOD, FL 33020	STREET ADDRESS: DAVIE, FL 33314	CITY-ST-ZIP: DAVIE, FL 33314
TITLE: P	NAME: TOBIN, ARTHUR SR <input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT	NAME: ARTHUR TOBIN, JR. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 220 S DIXIE HWY	CITY-ST-ZIP: HOLLYWOOD, FL 33020	STREET ADDRESS: 4971 SW 34 <sup>th</sup> Plc.	CITY-ST-ZIP: DAVIE, FL 33314
TITLE: VP	NAME: TOBIN, ARTHUR <input checked="" type="checkbox"/> Delete	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 220 S. DIXIE HWY	CITY-ST-ZIP: HOLLYWOOD, FL 33020	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME: <input type="checkbox"/> Delete	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME: <input type="checkbox"/> Delete	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	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 207, 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: <u>Arthur Tobin</u>		Date: <u>2-27-06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	