2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90274 014 ***150.00

DOCUMENT # J92661

1. Entity Name
T&C TOWING, INC.

Principal Place of Business	Mailing Address
3927 ENTERPRISE AVE NAPLES, FL 34104	3927 ENTERPRISE AVE NAPLES, FL 34104

04032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4269 ENTERPRISE AVE		4269 ENTERPRISE AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES FL		City & State: NAPLES FL	
Zip: 34104	Country: US	Zip: 34104	Country: US

4. FEI Number: 59-2847790 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEPANSKI, LISA
3927 ENTERPRISE AVE
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name: SEPANSKI, LISA
Street Address (P.O. Box Number is Not Acceptable): 4269 ENTERPRISE AVE
City: NAPLES **FL** Zip Code: 34104

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] LISA SEPANSKI 4/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEPANSKI, LISA 3927 ENTERPRISE AVE NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEPANSKI LISA 4269 ENTERPRISE AVE NAPLES FL 34104	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SEPANSKI, THOMAS 3927 ENTERPRISE AVE. NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SEPANSKI THOMAS 4269 ENTERPRISE AVE NAPLES FL 34104	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Lisa Sepanski 4/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #