# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2005 8:00 am**
**Secretary of State**
02-16-2005 90052 033 ***150.00

DOCUMENT # K80908

1. Entity Name
ATLAS TOWING SERVICE, INC.

50016667

| Principal Place of Business | Mailing Address |
|---|---|
| 29927 SR 54 WEST<br>WESLEY CHAPEL, FL 33543 US | 29927 SR 54 WEST<br>WESLEY CHAPEL, FL 33543 US |

01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2939695
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VANDINE, DANIEL
5242 FOX HUNT DR
WESLEY CHAPEL, FL 33543

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

| | |
|---|---|
| TITLE | P |
| NAME | VANDINE, JOAN |
| STREET ADDRESS | 5242 FOX HUNT DRIVE |
| CITY-ST-ZIP | WESLEY CHAPEL, FL |
| TITLE | |
| NAME | DANIEL J. VANDINE |
| STREET ADDRESS | 5242 FOX HUNT DRIVE |
| CITY-ST-ZIP | WESLEY CHAPEL, FL 33543 |
| TITLE | |
| NAME | |
| STREET ADDRESS | JOAN P. VANDINE |
| CITY-ST-ZIP | 5242 FOX HUNT V.P. |
| TITLE | |
| NAME | |
| STREET ADDRESS | WESLEY CHAPEL FL 33543 |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

NO VOID

President

**DO NOT WRITE IN THIS SPACE**

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:** _____ 8139967076 2-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #