

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K82194

FILED
Feb 20, 2008
Secretary of State

Entity Name: EAU GALLIE TOWING & RECOVERY, INC.

Current Principal Place of Business:

1621 CYPRESS AVE
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

1621 CYPRESS AVE
P O BOX 360125
MELBOURNE, FL 329360125 US

New Mailing Address:

PO BOX 361467
MELBOURNE, FL 329361467 US

FEI Number: 59-2950319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSH, CAROL B
1621 CYPRESS AVE
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUSH, CAROL B
Address: 1621 CYPRESS AVE
City-St-Zip: MELBOURNE, FL

Title: VP () Delete
Name: BUSH, WALTER T JR
Address: 1621 CYPRESS AVE
City-St-Zip: MELBOURNE, FL 32935

Title: SECR () Delete
Name: HARTON, LARRY A
Address: 346 PATRICK CIRCLE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL B BUSH

P

02/20/2008

Electronic Signature of Signing Officer or Director

_____ Date