2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L64945

Entity Name: CAPE CORAL TOWING & RECOVERY, INC.

Current Principal Place of Business:

840 SE 9 TERR
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 150786
CAPE CORAL, FL 33915 US

New Mailing Address:

FEI Number: 65-0192522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANKLIN, MICHAEL P
2814 S.W. 34TH TERRACE
CAPE CORAL, FL 33914 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: DPT ( ) Delete
Name: FRANKLIN, MICHAEL P
Address: 2814 SW 34 TERR.
City-St-Zip: CAPE CORAL, FL 33914

Title: DVP ( ) Delete
Name: FRANKLIN, MICHEAL P
Address: 2814 SW 34 TERR.
City-St-Zip: CAPE CORAL, FL 33914

Title: S ( ) Delete
Name: KERANS, MARION
Address: 2814 SW 34 TERR.
City-St-Zip: CAPE CORAL, FL 33914

Title: T ( ) Delete
Name: KERANS, MARION
Address: 2814 SW 34 TERR.
City-St-Zip: CAPE CORAL, FL 33914

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:

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: MICHAEL P FRANKLIN DPT 04/28/2008

Electronic Signature of Signing Officer or Director Date