

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L82944 1. Entity Name HOME TOWN TOWING, INC.					
Principal Place of Business 1705 ALABAMA AVE LYNN HAVEN, FL 32444 US			Mailing Address 1705 ALABAMA AVE LYNN HAVEN, FL 32444 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3017807	
5. Certificate of Status Desired ☐				(Applied For) Not Applicable	
6. Name and Address of Current Registered Agent MAYO, NORMAN J. 1705 ALABAMA AVE LYNN HAVEN, FL 32444				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			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 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.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PTD MAYO, NORMAN J. 1705 ALABAMA AVE LYNN HAVEN, FL 32444			U00000555004 05/16/06-80014-028 8.75		
VSD MAYO, TAMMY D. 1705 ALABAMA AVE LYNN HAVEN, FL 32444			U00000555004 05/16/06-80014-029 150.00		
VD TODD, WILLIAM L. 1705 ALABAMA AVE LYNN HAVEN, FL 32444			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TD TODD, SHIRLEY G. 1705 ALABAMA AVE LYNN HAVEN, FL 32444			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
SIGNATURE: _____			4-27-06 850 265 1562		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		