


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90118 022 ****61.25

DOCUMENT # N0100007043

1. Entity Name
TOWING FOR TOTS, INC.



Principal Place of Business
 1208 GEORGIA ST
 #1
 DELRAY BEACH, FL 33444

Mailing Address
 5266 INWOOD DR
 DELRAY BEACH, FL 33484

00026429



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03102005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1145337

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MEDEIROS, RICHARD A
5266 INWOOD DRIVE
DELRAY BEACH, FL 33484

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reappointing)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC MEDERIOS, RICHARD A 5266 INWOOD DR DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MEDEIROS, RICHARD A. 5266 INWOOD DR. DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TRAXLER, ROBERT G 5236 INWOOD DR DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRAXLER, ROBERT G 5236 INWOOD DR DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CANADAY, MICHAEL 1584 MAGNOLIA LANE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANADAY, MICHAEL 4371 MARILYN DR. LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FERNANDEZ, LAURA 822 FLORIDA MANGO RD WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, LAURA 822 FLORIDA MANGO RD WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOFIELD, ALVIN R 903 NW 6 AVE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CANADAY, JENNIFER 4371 MARILYN DR. LAKE WORTH, FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBE, JEANISE 22412 SW 66 AVE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARBE, JEANISE 22412 SW 66 AVE BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Richard A. Medeiros **RICHARD A. MEDEIROS** 3/10/05 561-436-5589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
N01000007043
50026.429

TITLE: D X CHANGE
NAME: McDUFFIE, JAMES T
STREET ADDRESS: 1600 NW 33 ST #17
CITY-ST-ZIP: POMPANO BEACH, FL 33064

TITLE: D X ADDITION
NAME: HOPKINS, DANA
STREET ADDRESS: 15301 SAN DIEGO DR
CITY-ST-ZIP: LOXAHATCHEE, FL 33470

TITLE: D X ADDITION
NAME: WILLIAMS, JULIE
STREET ADDRESS: 15301 SAN DIEGO DR
CITY-ST-ZIP: LOXAHATCHEE, FL 33470

TITLE: D X ADDITION
NAME: JORDAN, DEAN
STREET ADDRESS: 3631 RUSKIN AVE
CITY-ST-ZIP: BOYNTON BEACH, FL 33436