

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90041 024 \*\*\*150.00

**DOCUMENT # P01000010822**

1. Entity Name

CENTURY TOWING CORPORATION



Principal Place of Business

12041 S W 5TH COURT  
PEMBROKE PINES FL 33025

Mailing Address

12041 S W 5TH COURT  
PEMBROKE PINES FL 33025

54028527



MOORE

CR2E034 (11/03)

2. Principal Place of Business

13691 SW 51 STREET

3. Mailing Address

12289 PEMBROKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB#109

City & State

MIRAMAR, FLORIDA

City & State

PEMBROKE PINES, FL.

Zip

33027

Country

USA

Zip

33025

Country

USA.

4. FEI Number

65-1079668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TEAPE, TRACIE  
12041 S W 5TH COURT  
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name TEAPE, TRACIE

Street Address (P.O. Box Number is Not Acceptable)

13691 SW 51 STREET

City MIRAMAR

FL

Zip Code

33027

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	TEAPE, TRACIE	
STREET ADDRESS	12041 S W 5TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEAPE, TRACIE	
STREET ADDRESS	12041 S W 5TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEAPE, LESLIE	
STREET ADDRESS	13691 SW 51 STREET	
CITY-ST-ZIP	MIRAMAR, FL. 33027	
TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAPE, TRACIE	
STREET ADDRESS	13691 SW 51 STREET	
CITY-ST-ZIP	MIRAMAR, FL. 33027	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAPE, TRACIE	
STREET ADDRESS	13691 SW 51 STREET	
CITY-ST-ZIP	MIRAMAR, FL. 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracie Teape TRACIE TEAPE 4/1/04 954-791-6866

Date

Daytime Phone #