

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90182 036 \*\*\*150.00

DOCUMENT # P01000050299

1. Entity Name

JACKIE'S TOWING, INC.



Principal Place of Business

19888 VETERANS BOULEVARD  
PORT CHARLOTTE FL 33954

Mailing Address

19888 VETERANS BOULEVARD  
PORT CHARLOTTE FL 33954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1121370

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGAN, REGINA L  
19888 VETERANS BOULEVARD  
PORT CHARLOTTE FL 33954

Name ROBERT FRENCH  
Street Address (P.O. Box Number is Not Acceptable)  
1570 MACKINAW ST.  
City NORTH PORT State FL Zip 34286

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

*Robert French*  
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

4-30-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      |                                 |
| NAME           | HOGAN, REGINA L        |                                 |
| STREET ADDRESS | 6276 PONCE DELEON BLVD |                                 |
| CITY-STATE-ZIP | NORTH PORT FL 34287    |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | FRENCH, ROBERT         |                                 |
| STREET ADDRESS | 1570 MACKINAW ST       |                                 |
| CITY-STATE-ZIP | NORTH PORT FL 34286    |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |

|                |                      |                                                                              |
|----------------|----------------------|------------------------------------------------------------------------------|
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY-STATE-ZIP |                      |                                                                              |
| TITLE          | P                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ROBERT FRENCH        |                                                                              |
| STREET ADDRESS | 1570 MACKINAW ST.    |                                                                              |
| CITY-STATE-ZIP | NORTH PORT, FL 34286 |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY-STATE-ZIP |                      |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY-STATE-ZIP |                      |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY-STATE-ZIP |                      |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY-STATE-ZIP |                      |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-06

Date

941 426-0311

Daytime Phone #