


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90059 018 ***158.75

DOCUMENT # P01000084027 1. Entity Name BOATWRIGHT'S TOWING INC.					
Principal Place of Business 14330 N.E. 203RD AVENUE ROAD FORT MCCOY FL 32134				Mailing Address 14330 N.E. 203RD AVENUE ROAD FORT MCCOY FL 32134	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3740950				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent SADLER, LORRAINE S 14330 N.E. 203 AVE RD. FORT MC COY FL 32134				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 <i>Lorraine S. Sadler</i> <i>Lorraine S. Sadler</i> 4-20-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SADDLER, LORRAINE S 14330 N.E. 203RD AVENUE ROAD FORT MCCOY FL 32134 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHMIDTKE, OTTO 16885 NE 141 COURT FORT MCCOY FL 32134 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SADLER, LORRAINE S 14330 NE 203 AVE RD FORT MC COY FL 32134 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HENDRIX, TERESA R 17180 NE 38TH LN RD SILVER SPRINGS FL 34488 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C GROFF, HARROLD E 16885 NE 141 COURT FORT MC COY FL 32134 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SCHMIDTKE, JUDITH 16885 NE 141 COURT FT MCCOY FL 32134 <input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SADLER, LORRAINE 14330 NE 203 AVE RD. FORT MCCOY, FL 32134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BONNIE L. BURTON 23655 NE 118 PL SALT SPRINGS FL 32134 <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 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: <i>Lorraine S. Sadler</i> LORRAINE S. SADLER 4-20-07 352-685-8699 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

