


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90223 029 ***150.00

DOCUMENT # P01000091130

1. Entity Name
NATIONAL TOWING AND RECOVERY, INC.



Principal Place of Business Mailing Address
3791 - B EDISON AVENUE **3791 - B EDISON AVENUE**
FORT MYERS FL 33916 **FORT MYERS FL 33916**

2. Principal Place of Business 3. Mailing Address
8310 Koronqa Ct *8310 Koronqa Ct*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Myers, FL *Fort Myers, FL*

Zip Country Zip Country
33916 *33916*

4. FEI Number Applied For
65-1141880 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

CRAWFORD, WILLIAM C
3791 - B EDISON AVENUE
FORT MYERS FL 33916

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 | O | <input type="checkbox"/> Delete |
| NAME | CRAWFORD, WILLIAM | |
| STREET ADDRESS | 3303 SE SANTA BAZORA PL | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SHARP, PAUL J | |
| STREET ADDRESS | 3257 ROYAL CANADIAN TRACE #2 | |
| CITY-ST-ZIP | FORT MYERS FL 33907-5455 | |
| TITLE | <i>Vice Pres</i> | <input type="checkbox"/> Delete |
| NAME | <i>THOMAS J MORRISON</i> | |
| STREET ADDRESS | <i>16275 HORIZON RD</i> | |
| CITY-ST-ZIP | <i>FORT MYERS, FL 33917</i> | |
| 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 | | <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 | | |
| 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]* **239-590-9500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #