

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091130

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: NATIONAL TOWING AND RECOVERY, INC.

## Current Principal Place of Business:

8210 KARANGA CT  
FORT MYERS, FL 33916

## New Principal Place of Business:

8210 KATANGA CT  
FORT MYERS, FL 33916

## Current Mailing Address:

8210 KARANGA CT  
FORT MYERS, FL 33916

## New Mailing Address:

8210 KATANGA CT  
FORT MYERS, FL 33916

FEI Number: 65-1141880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MORRISON, THOMAS S  
16275 HORIZON ROAD  
FORT MYERS, FL 33916 US

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.

SIGNATURE: THOMAS S MORRISON

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: CRAWFORD, WILLIAM  
Address: 3303 SE SANTA BAZORA PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP ( ) Delete  
Name: MORRISON, THOMAS J  
Address: 16275 HORIZON RD  
City-St-Zip: NORTH FORT MYERS, FL 33917

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS S MORRISON

VP

04/28/2005

Electronic Signature of Signing Officer or Director

Date