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Jun 05, 2008 8:00 am
Secretary of State
04-02-2008 90148 001 ***450.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000106377.

1. Entity Name
COUNTY RESCUE, TOWING & SALVAGE, INC.

66013353

Principal Place of Business	Mailing Address
796 ANDERSON DR. NAPLES, FL 34103	P.O. BOX 1414 MARCO ISLAND, FL 34146
2. Principal Place of Business - No P.O. Box # 1090 27th Street SW	3. Mailing Address 1090 27th Street SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Naples, Fl	City & State Naples, Fl
Zip 34117 Country USA	Zip 34117 Country USA

03022008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3752508 ☐ 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
SCHWARTZ, ANDREW 796 ANDERSON DR. NAPLES, FL 34103	Name Andrew Schwartz Street Address (P.O. Box Number Is Not Acceptable) 1090 27th Street SW City Naples FL Zip Code 34117

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] 4/20/08
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST SCHWARTZ, ANDREW 796 ANDERSON DR. NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Andrew Schwartz 1090 27th Street SW Naples Fl 34117	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature] 4/20/08 2348258562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #