

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107986

FILED
Apr 28, 2006
Secretary of State

Entity Name: LIBERTY TOWING AND RECOVERY, INC.

Current Principal Place of Business:

741 S HWY 17-92
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 390246
DELTONA, FL 32739

New Mailing Address:

FEI Number: 59-3759773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACEVEDO, J. MANUEL
116 N PARK AVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAMUELS, FARRELL M
Address: 441 SUNLAKE CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: SAMUELS, WARREN D
Address: 441 SUNLAKE CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SAMUELS, FARRELL M
Address: 1335 FREEPORT DR.
City-St-Zip: DELTONA, FL 32725

Title: VP (X) Change () Addition
Name: SAMUELS, WARREN D
Address: 1335 FREEPORT DR.
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WARREN SAMUELS

VP

04/28/2006

Electronic Signature of Signing Officer or Director

Date