2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062003

Entity Name: TB TOWING & RECOVERY, INC.

FILED Mar 22, 2007 Secretary of State

| Current Principal Place of Busi | ness: New | Principal Place of Bus | siness: |
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4449 OLD WINTER GARDEN RD 3141 SHARPE RD

ORLANDO, FL 32811 US ORLANDO, FL 32810 US

Current Mailing Address: New Mailing Address:

% CENTRAL FLORIDA EQUIPMENT P O BOX 67 PO BOX 585602

FERNDALE, FL 34729 US ORLANDO, FL 32858 US

FEI Number: 27-0015266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

H & C DEVELOPMENT, INC.

4449 OLD WINTER GARDEN ROAD

ORLANDO, FL 32811 US

CAROL, MONTFORD

7160 IRONWOOD

ORLANDO, FL 32812 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: CAROL A MONTFORD 03/22/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 TAYLOR, JOSEPH A
 Name:

 Address:
 4213 N PINE HILLS RD
 Address:

 City-St-Zip:
 ORLANDO, FL 32808 US
 City-St-Zip:

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 MONTFORD, CAROL A
 Name:
 MONTFORD, CAROL A

 Address:
 414 N JOHN ST
 Address:
 7160 IRONWOOD

 City-St-Zip:
 ORLANDO, FL 32835
 City-St-Zip:
 ORLANDO, FL 32812

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: CAROL A MONTFORD V 03/22/2007