



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90042 015 \*\*\*150.00

<b>DOCUMENT # P02000105701</b> 1. Entity Name <b>NIGHT HAWK TOWING &amp; REPOSSESSION, INC.</b>					
Principal Place of Business <b>1920 53RD STREET, NORTH TAMPA, FL 33619</b>			Mailing Address <b>1920 53RD STREET, NORTH TAMPA, FL 33619</b>		
2. Principal Place of Business <b>7110 E. 14TH AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>7110 E. 14TH AVENUE</b> Suite, Apt. #, etc.			
City & State <b>TAMPA FL</b> Zip <b>33619</b>		City & State <b>TAMPA FL</b> Zip <b>33619</b>		4. FEI Number <b>41-2062133</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MATHEWS, BONNIE S.</b> <b>1920 53RD STREET, NORTH</b> <b>TAMPA, FL 33619</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7110 E. 14TH AVENUE</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33619</b>		
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 <u>Bonnie S. Mathews</u> <u>BONNIE S. MATHEWS</u> <u>1-29-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MATHEWS, BONNIE S</b> <b>205 W. TENNESSEE AVE</b> <b>SEFFNER, FL 33584</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS</b> <b>MATHEWS, BONNIE S</b> <b>7110 E 14TH AVENUE</b> <b>TAMPA FL 33619</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Bonnie S. Mathews</u> <u>BONNIE S. MATHEWS</u> <u>1-30-04</u> <u>813-627-0303</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					