

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000112477

1. Entity Name  
POWER TOWING SERVICES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 27 AM 8:00

Principal Place of Business  
5301 INDIAN HILL RD  
ORLANDO, FL 32808

Mailing Address  
5301 INDIAN HILL RD  
ORLANDO, FL 32808

2. Principal Place of Business

3. Mailing Address



09142004 Chg-P CR2E034 (10/03) *MRS*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
61-1429643

Applied For  
Not Applicable

Zip Country

Zip Country

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

VOLCY, HILAIRE  
5301 INDIAN HILL RD  
ORLANDO, FL 32808

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME VOLCY, HILARIE  
STREET ADDRESS 5301 INDIAN HILL RD  
CITY-ST-ZIP ORLANDO, FL 32808 ☐ Delete

TITLE V  
NAME LABORDE, YOLANE  
STREET ADDRESS 5301 INDIAN HILL ROAD  
CITY-ST-ZIP ORLANDO, FL 32808 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME LABORDE, YOLANE  
STREET ADDRESS 5301 Indian Hill Rd.  
CITY-ST-ZIP Orlando, FL 32808 ☒ Change ☐ Addition

TITLE Vice President  
NAME VOLCY, HILAIRE  
STREET ADDRESS 5301 Indian Hill Rd  
CITY-ST-ZIP Orlando, FL 32808 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000041610710  
10/05/04--01077--009 \*\*\$61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09.22.04

Date

Daytime Phone #