

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000113717

1. Entity Name
RAPID RESPONSE TOWING, INC.



Principal Place of Business
1548 WILDWOOD LANE
LUTZ, FL 33558

Mailing Address
1548 WILDWOOD LANE
LUTZ, FL 33558



07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0535338

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAPPA, JO-ANN L
1548 WILDWOOD LANE
LUTZ, FL 33558

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARCHISELLA, JOSEPH P
STREET ADDRESS	4911 BILLY DIRECT LANE
CITY - ST - ZIP	LUTZ, FL 33558
TITLE	DV
NAME	RAPPA, DOMINIC
STREET ADDRESS	1548 WILDWOOD LANE
CITY - ST - ZIP	LUTZ, FL 33558
TITLE	DS
NAME	RAPPA, JO-ANN L
STREET ADDRESS	1548 WILDWOOD LANE
CITY - ST - ZIP	LUTZ, FL 33558
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/11/05-80022-010 558.75

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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

Daytime Phone #