


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000128841</b> 1. Entity Name K.A.S. TOWING, CO.	
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Principal Place of Business 747 NW 6TH AVE FORT LAUDERDALE, FL 33315	Mailing Address 327 SOUTH WEST 17TH STREET FORT LAUDERDALE, FL 33315
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**DO NOT WRITE IN THIS SPACE**

04102005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1141738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DELUCA, FRANCIS R DMD 100 SOUTH EAST 6TH ST FORT LAUDERDALE, FL 33301
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**DO NOT WRITE  
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  DATE 4/11/05

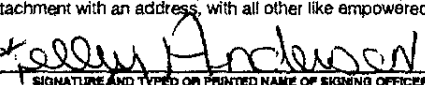
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000302676 04/13/05-80031-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ANDERSEN, KELLEY 327 SOUTH WEST 17TH STREET FORT LAUDERDALE, FL 33315
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IN THIS SPACE**

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:  4-10-05 954-868-3575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #