2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 28, 2008 08:00 AN Secretary of State **DOCUMENT # P02000131503** 1. Entity Name FLORIDA KEYS TOWING INC. Principal Place of Business Mailing Address 1620 O/S HWY P.O. BOX 522471 MARATHON SHORES, FL 33052 MARATHON, FL 33050 No Chg-P CR2E034 (11/05) 01242008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1926627 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PRUITT, WILLIAM S III 379 68TH ST OCEAN MARATHON, FL 33050 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NORMAN, MELISSA A NAME **768 82ND ST OCEAN** STREET ADDRESS MARTHON, FL 33050 CITY-ST-ZIP TITLE U00000799918 01/30/08-80086-017 150.00 PRUITT, WILLIAM S III STREET ADDRESS 379 68TH ST OCEAN CITY-ST-ZIP MATHRON, FL 33050 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDR

rmation supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 begins or trustee emported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the indicated on this report of of the corporation or the rec changed, or on an attachme

SIGNATURE:

CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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