


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90199 033 ***150.00

DOCUMENT # P03000007750 1. Entity Name SCOTT'S TOWING & TRANSPORT, INC.	
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Principal Place of Business 359 INDUSTRIAL AVE BOYNTON BEACH, FL 33426	Mailing Address 359 INDUSTRIAL AVE BOYNTON BEACH, FL 33426
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)

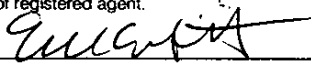
4. FEI Number 27-0042993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCOTT, EARL
359 INDUSTRIAL AVE
BOYNTON BEACH, FL 33426**

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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: **4-15-08**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	NAME SCOTT, EARL
STREET ADDRESS 359 INDUSTRIAL AVE	
CITY-ST-ZIP BOYNTON BEACH, FL 33426	
TITLE VP	NAME Robert Scott
STREET ADDRESS 359 Industrial Ave	
CITY-ST-ZIP Boynton Beach FL 33426	
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **4-19-08** DAYTIME PHONE: **561-737-5591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR