

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90088 038 \*\*\*150.00

**DOCUMENT # P03000043998**  
 1. Entity Name  
**R. WILSON TOWING, INC.**



Principal Place of Business      Mailing Address  
**221 TULANE AVE.**      **221 TULANE AVE.**  
**CLEARWATER FL 33765**      **CLEARWATER FL 33765**

66401434



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**86-1059806**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WILSON, RICHARD C**  
**221 TULANE AVE.**  
**CLEARWATER FL 33765**

7. Name and Address of New Registered Agent  
 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: *Richard C. Wilson* **President**      DATE: **1-27-04**

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	<b>WILSON, RICHARD C</b>
STREET ADDRESS	<b>221 TULANE AVE.</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P Wilson, Richard C</b>
STREET ADDRESS	<b>221 Tulane Ave</b>
CITY-ST-ZIP	<b>Clearwater, FL 33765</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T Wilson, Richard C</b>
STREET ADDRESS	<b>221 Tulane Ave</b>
CITY-ST-ZIP	<b>Clearwater, FL 33765</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V P Adair, Toni</b>
STREET ADDRESS	<b>221 Tulane Ave</b>
CITY-ST-ZIP	<b>Clearwater, FL 33765</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S Adair, Toni</b>
STREET ADDRESS	<b>221 Tulane Ave</b>
CITY-ST-ZIP	<b>Clearwater, FL 33765</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Richard C. Wilson* **President**      DATE: **1-27-04**