## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000055169

FILED Apr 30, 2004 Secretary of State

Entity Name: KANDY'S TOWING & RECOVERY INC. **Current Principal Place of Business: New Principal Place of Business:** 4141 C.R. 510 WILDWOOD, FL 34785 **Current Mailing Address: New Mailing Address:** 4141 C.R. 510 WILDWOOD, FL 34785 FEI Number: 04-3758781 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOFFORD, KANDICE 4141 C.R. 510 WILDWOOD, FL 34785 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD ( ) Delete Title: (X) Change ( ) Addition HENDRIX, MICHAEL WOFFORD, KANDICE Name: 4141 C.R. 510 Address:

Name: 4141 C.R. 510 Address: City-St-Zip: WILDWOOD, FL 34785

Title: VTSD (X) Delete Name: WOFFORD, KANDICE

4141 C.R. 510 Address: WILDWOOD, FL 34785 City-St-Zip:

Title: Name: Address:

WILDWOOD, FL 34785

() Change () Addition

City-St-Zip:

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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KANDICE WOFFORD PD 04/30/2004