

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90040 005 \*\*\*150.00

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03212008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P03000060915</b> 1. Entity Name <b>SUNBELT TOWING AND RECOVERY, INC.</b>					
Principal Place of Business <b>4216 HAMMOND DRIVE WINTER HAVEN, FL 33881</b>			Mailing Address <b>4216 HAMMOND DRIVE WINTER HAVEN, FL 33881</b>		
2. Principal Place of Business - No P.O. Box # <b>704 Scenic Hwy</b>		3. Mailing Address <b>704 Scenic Hwy</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Lake Hamilton, FL</b>		City & State <b>Lake Hamilton, FL</b>		4. FEI Number <b>APPLIED FOR 30-0190907</b>	
Zip <b>33851</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>33851</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBINSON, MICHAEL S 4216 HAMMOND DRIVE WINTER HAVEN, FL 33881</b>			7. Name and Address of New Registered Agent Name <b>Robinson, Michael S</b> Street Address (P.O. Box Number is Not Acceptable) <b>704 Scenic Hwy</b> City <b>Lake Hamilton</b> <b>FL</b> Zip Code <b>33851</b>		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBINSON, MICHAEL S 1002 LAKE ELBERT DRIVE WINTER HAVEN, FL 33881</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Robinson, Michael S 704 Scenic Hwy Lake Hamilton, FL 33851</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					