# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000077562**

**1.** Entity Name
CUSTOM TOWING & RECOVERY INC.

94058710

| Principal Place of Business | Mailing Address |
|---|---|
| 1111 CASS STREET | 1111 CASS STREET |
| TAMPA, FL 33602 | TAMPA, FL 33602 |

| 2. Principal Place of Business | 3. Mailing Address 5047 17th St |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Zephyrhills, FL |
| Zip | Country | Zip 33542 | Country USA |

04142004    Chg-P    CR2E034 (10/03)

**4.** FEI Number 02-0699284

Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DUGGER, STEPHEN L<br>5047 17TH STREET<br>ZEPHYRHILLS, FL 33540 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _Stephen Dugger_    4/15/04

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

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

| 10. | OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DUGGER, STEPHEN L<br>5047 17TH STREET<br>ZEPHYRHILLS, FL 33540 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
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**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: _Stephen Dugger_    4-15-04    813-355-1896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #