


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90032 034 ***158.75

DOCUMENT # P03000103211		
1. Entity Name TRI-COUNTY TOWING & RECOVERY, INC.		

Principal Place of Business 2008 SW 1 DRIVE CHIEFLAND, FL 32626	Mailing Address P.O. BOX 68 CHIEFLAND, FL 32644
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2. Principal Place of Business 2008 SW 4 Place	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Chiefland FL	City & State
Zip 32626	Country Levy



02162006 Chg-P CR2E034 (11/05)

4. FEI Number 90-0200875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHEPHERD, CLARA E 2008 SW 1 DRIVE CHIEFLAND, FL 32626	7. Name and Address of New Registered Agent Name Clara E Shepherd Street Address (P.O. Box Number is Not Acceptable) 2008 NW 4th Place City Chiefland FL Zip Code 32626
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPHERD, CLARA E P.O. BOX 68 CHIEFLAND, FL 32644 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEPHERD, WYATT C P.O. BOX 68 CHIEFLAND, FL 32644 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.

SIGNATURE: **Clara E. Shepherd** **Clara E. Shepherd** 02-16-06 352/493-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #