## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 09, 2006 08:00 AM Secretary of State DOCUMENT # P03000136174 1. Entity Name ABC TOWING SERVICE, INC. Principal Place of Business Mailing Address 2013 SW CRANBERRY ST 2013 SW CRANBERRY ST PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953 CR2E034 (11/05) 01062006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2417424 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FIRESTONE, JANET DO NOT WRITE 2013 SW CRANBERRY ST PORT ST. LUCIE, FL 34953 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if amplicable. (NOTE, Registered Agent signature required when reinstating) DATE -80045-014 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME FIRESTONE, JANET STREET ADDRESS 2013 SW CRANBERRY ST CITY-ST-ZIP PORT ST. LUCIE, FL 34953 7771.5 NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with any address, with all officer like empowered.

SIGNATURE: ( )

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY - ST- ZIP
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STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06 772-8785215

**FILED**