

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

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01122006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000025754 1. Entity Name TROYZ TOWING AND RECOVERY, INC					
Principal Place of Business 6840 KEITHAN RD JACKSONVILLE, FL 32220 US			Mailing Address 4602 FRENCH ST JACKSONVILLE, FL 32205		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6840 Keithan Road Suite, Apt. #, etc.			
City & State 		City & State Jacksonville FL		4. FEI Number 38-3696877	
Zip 		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSTICK, NICOLE L 4602 FRENCH ST JACKSONVILLE, FL 32205				7. Name and Address of New Registered Agent Name Street Address (P.O., Box Number is Not Acceptable) 6840 Keithan Road City Jacksonville FL Zip Code 32220	
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSTICK, TROY H 4602 FRENCH ST JACKSONVILLE, FL 32205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6840 Keithan Road Jacksonville, FL 32220	
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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: <i>Jacob R Bostick</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-12-06 904-378-0006 Date Daytime Phone #		