

FILED
Aug 02, 2005 8:00 am
Secretary of State

07-05-2005 90120 023 ***158.75

08-02-2005 90033 019 ***391.25

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000067990			
1. Entity Name AUTOW RESCUE TOWING INC.			
Principal Place of Business 2638 LEHIGH AVE KISSIMMEE, FL 34741		Mailing Address 2638 LEHIGH AVE KISSIMMEE, FL 34741	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 200948042		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		06282005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GALVEZ, ANGEL 2638 LEHIGH AVE KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GALVEZ, ANGEL 2638 LEHIGH AVE KISSIMMEE, FL 34741 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALVEZ, Elizabeth 2638 Lehigh Ave Kiss. Fl. 34741 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, VINCENTE 2168 JESSA DR. KISSIMMEE, FL 34743 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		6/29/05 407-319-0481	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	