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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL 12 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08202005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000070699

1. Entity Name
SNATCH TOWING, INC.

Principal Place of Business	Mailing Address
7710 KATHLEEN ROAD LAKELAND, FL 33810 US	7710 KATHLEEN ROAD LAKELAND, FL 33810 US

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
7710 Kathleen Road		20-1065536	Applied For / Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: Lakeland Florida	City & State: ~~Florida~~		
Zip: 33810 Country: US	Zip: ~~33810~~ Country: ~~US~~		

6. Name and Address of Current Registered Agent

CRESSEY, SANDRA L
7710 KATHLEEN ROAD
LAKELAND, FL 33810

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 (NOTE: Registered Agent signature required when reinstating) 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 CRESSEY, SANDRA L 7710 KATHLEEN ROAD LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

7/12/05

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: Sandra Cressey P-SANDRA CRESSEY 6-20-05 863-698-3196
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #