2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 08:00 AN Secretary of State

DOCUMENT #.P0400081827 L. Sinly Minte ANDPYS TOWING & RECOVERY, INC. Priced Price of Ricerosis 12741 MERIO PROWAY PO BOX 60205 FORT MYERS, FL 33912 Principal Pace of Business - No P.O. Box # 3. Melling Address Sulfe Agric #. doc. Sulfe Ag	ANNUAL REPORT								Apr 19, 200/ 08:00				
12741 MERGO PARKWAY SITE 2 FORT MYES, FL 33906 Suite, Apil. # etc. Sui	1. Entity Nar	me			27			74-24-3	S	ecret	ary c	of Stat	
Suite, Apr. #, etc. Suite, Apr. #, etc.	12741 METRO PARKWAY PO BOX 60205 SUITE 2 FORT MYERS, FL 33906								8/H 2/8/H 88/H 88/H 88/H	# 88 (84 18(8) ()		11711 II 7211	
City & State Country City & State Country City & State City & State City & State City & State Country City & State City & Country	Principal Place of Business - No P.O. Box # Address												
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Auditional on Repotence of Status Desired Auditional on Repotence of Name \$7. Name and Address of New Registrand Agent \$7. Name and Address of New Registrand Agent	Suite, Apt. #, etc.				Suite, Apt. #, etc.			01252007	Chg-P	CR2E0	34 (12/06)		
S. Cerificate of Status Desered St. Cerificates Of Status Deser	City & State				City & State				102				
Name Street: Address (P.O. Box Number is Not Acceptable)	Zip	Country			Zíp	Cour	itry	5. Certificate of	f Status Desired				
ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907 City FL Zip Code 8. The above named entity submiss this statement for the purpose of changing its registered alignst, or both, in the State of Fior da. I am familiar with, and accept the did bigglatened agent. SIGNATURE Sylvaira, injused a prince or angulated agent with a statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fior da. I am familiar with, and accept the did bigglatened agent. SIGNATURE SIGNATURE SIGNATURE Sylvaira injused agent with a statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fior da. I am familiar with, and accept the did by the statement of registered agent. Or both, in the State of Fior da. I am familiar with, and accept the did by the statement of registered agent. Or both, in the State of Fior da. I am familiar with, and accept the did by the statement of registered agent. Or both, in the State of Fior da. I am familiar with, and accept the did by the statement of registered agent. SIGNATURE SIGNATURE STEEL NOWITH FEE IS \$150.00 DATE THE NOWITH		6. Name	and Address	of Current Reg	istered Agent			7. Name and A	ddress of New R	egistered A	gent		
E. The above named onlity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familier with, and accept the obligations of registered agent. SIGNATURE Synthem, typed or prise name of legistered agent and the facilisation. NOTE Repower's Agent signature requires when recogning. PILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. THE CATALANO, ANDREW J SIRET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. NAME CATALANO, ANDREW J SIRET ADDRESS CITY-51-2P FOR MYERS, FL 33912 Delete THE NAME SIRET ADDRESS CITY-51-2P Delete THE NAME SIRET ADDRESS CITY-51-2P Delete THE NAME SIRET ADDRESS CITY-51-2P THE NAME SIRET ADDRESS CI	12670 NE SUITE 10	Ŵ BRITTA 1	NY BLVD.						(P.O. Box Number is Not Acceptable)				
B. The above named entity submiss this sistement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	FORT MYERS, FL 33907				_		0.						
THE DOWNIT PEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. \$50.00 Added to Fees 10.					<u> </u>		ĺ					i	
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE	the obliga	tions of regis	lered agent.					• ·	in the State of Fid		amiliar with,	and accept	
TITLE NAME CATALANO, ANDREW J NAME STREET ADDRESS CITY-ST-ZP FOR MYERS, FL 33912 SITE ADDRESS CITY-ST-ZP SITE ADDR					1	-				575 T T	-	·, -	
NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET		1	OFFI	CERS AND DIR		11.		ADDITIONS/CI	HANGES TO OFF	CERS AND	DIRECTORS	S IN 11	
NAME JORGES SIRET ADDRESS CITY-ST-ZIP ITTLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS SI	NAME STREET ADDRESS	CATALANO, ANDREW J 12741 METRO PARKWAY, SUITE 2 STR					E ET ADDRESS				☐ Change	☐ Addition	
SIRECT ADDRESS CITY-ST-ZIP Delete ITILE Delete Delete ITILE Delete Delete ITILE Delete Delete ITILE Delete Delete ITILE Delete					☐ Delete		4	*****	HOOO	007100		☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	STREET ADDRESS					STRE	ET ADDRESS		0000 04/30/0	17-8002 17-8002	158 !9-002	150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CI	NAME STREET ADDRESS				☐ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete	NAME STREET ADDRESS				☐ Delete	NAME STREE	ET ADDRESS				Change	Addition	
NAME STREET ADDRESS CITY_ST-ZIP 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 supplement are port is true and accurate and that my supplement are port in trusteeter powered to execute this flagorities 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 employered. SIGNATURE Change Addition	NAME STREET ADDRESS				☐ Delete	NAME STREE	T ADDRESS	, •			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied vitir this filling does not qualify for the exemptions contribed in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accyliate add that my supplier 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 employment to execute this teach early clinical 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 employments. SIGNATURE SIGNATURE	TITLE .			-, -, -,	. Delete	TITLE	a				☐ Change	Addition	
indicated on this report or supplemental report is true and accyrate and the my supplemental new firms and indicated on this report or supplemental report is true and accyrate and the my supplemental new forms and indicated on the corporation or the receptiver or trusteelempowered to exploue this feptor expectation of the corporation or the receptive or trusteelempowered to exploue this feptor expectation of the corporation or the receptive or trusteelempowered to exploue this feptor expectation of the corporation or the receptive or trusteelempowered to the corporation or the receptive or trusteelempowered to the corporation of the corporation or the receptive or trusteelempowered to the corporation of the corporation or the receptive or trusteelempowered to the corporation of the corporation or the receptive or trusteelempowered to the corporation of the corporation or the receptive or trusteelempowered to the corporation of the corporation or the receptive or trusteelempowered to the corporation of the corporation or the receptive or trusteelempowered to the corporation of the corporation or the receptive or trusteelempowered to the corporation of the corporation or the receptive or trusteelempowered to the corporation of the corporation or the receptive or trusteelempowered to the corporation of the corporation of the corporation or the receptive or trusteelempowered to the corporation of the corporation of the corporation of the corporation or the corporation of the	STREET ADDRESS			· _ /		STREE	T A DRESS			,		•	
	of the cor changed,	on this repor poration or th or on an atta	t or supplemen e receiver or tri chment with an	tal report is true ustee empower address, with	and accyrate and that a ed to expcute this report all other like employed	ny sygipati agricult	ure shalf have the sa ed by Chauter 607,	ame legal effect a	s if made under o and that my name	ath: that I ar	n an officer o	or director	