## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000082691

Entity Name: PROFESSIONAL TOWING, INC.

FILED Aug 30, 2005 Secretary of State

	ine. There	001014/12 10441140, 1140.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	2ND AVENUE TON, FL 334					
Current N	Mailing Addre	ess:	New Maili	New Mailing Address:		
	2ND AVENUE TON, FL 334					
FEI Number	: 20-1177634	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
2565 NW	TA, CHARLES 1 AVENUE TON, FL 334					
	e named entity e of Florida.	submits this statement for the	purpose of changing i	its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electro	onic Signature of Registered Ag	ent		Date	
		93(2)(b), F.S., the corporation did n	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( MANERA, JOH 2544 NW 2NE BOCA RATON	) AVENUE	Title: Name: Address: City-St-Zip:	P PILLER, KEV 2544 NW 2N BOCA RATOI	D AVENUE	
Title: Name: Address: City-St-Zip:	VP ( PILLER, KEVI 2544 NW 2NE BOCA RATON	AVENUE	Title: Name: Address: City-St-Zip:	VP GULLOTTA, 0 2544 NW 2N BOCA RATOI	D AVENUE	
Title: Name: Address: City-St-Zip:	S (. GULLOTTA, E 2544 NW 2NE BOCA RATON	) AVENUE	Title: Name: Address: City-St-Zip:	ı	( ) Change() Addition	
Title: Name: Address: City-St-Zip:	T ( GULLOTTA, C 2544 NW 2NE BOCA RTON,	) AVENUE	Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN PILLER P 08/30/2005