

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084335

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: SOUTHERN TOWING AND RECOVERY, INC.

## Current Principal Place of Business:

901 S. WOODROW WILSON ST.  
PLANT CITY, FL 33563

## New Principal Place of Business:

2812 AIRPORT RD.  
PLANT CITY, FL 33563

## Current Mailing Address:

901 S. WOODROW WILSON ST.  
PLANT CITY, FL 33563

## New Mailing Address:

PO BOX 4447  
PLANT CITY, FL 33563

FEI Number: 90-0188189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RICHARDS, TIFFANIE  
901 S. WOODROW WILSON ST.  
PLANT CITY, FL 33563 US

## Name and Address of New Registered Agent:

RICHARDS, TIFFANIE  
2812 AIRPORT RD.  
PLANT CITY, FL 33563 US

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.

SIGNATURE: TIFFANIE RICHARDS

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: RICHARDS, THOMAS  
Address: 4415 HAWKINS RD  
City-St-Zip: PLANT CITY, FL 33567

Title: VP ( ) Delete  
Name: RICHARDS, TIFFANIE  
Address: 4415 HAWKINS RD  
City-St-Zip: PLANT CITY, FL 33567

Title: TRES (X) Delete  
Name: RICHARDS, TIFFANIE  
Address: 4415 HAWKINS RD.  
City-St-Zip: PLANT CITY, FL 33567

Title: MGR (X) Delete  
Name: KIRK, WALTER  
Address: 901 S. WOODROW WILSON ST.  
City-St-Zip: PLANT CITY, FL 33563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIFFANIE RICHARDS

VP

04/01/2009

Electronic Signature of Signing Officer or Director

Date