

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90187 004 \*\*\*150.00

DOCUMENT # P04000102898

1. Entity Name  
CENTRAL STATE RECOVERY, TOWING, OF FL, INC



Principal Place of Business  
1649 11TH STREET  
SARASOTA, FL 34236 US

**CENTRAL STATE RECOVERY  
AND TOWING OF FLORIDA, INC.**  
3896 EASTON STREET  
SARASOTA, FLORIDA 34238

40023797

2. Principal Place of Business

3. Mailing Address  
**3896 EASTON ST**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212005 Chg-P CR2E034 (10/03)

City & State

City & State  
**SARASOTA FL**

4. FEI Number

**20-1349754**

Applied For  
Not Applicable

Zip Country

Zip Country

**34238**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Mr. Robert Ritchie**  
**3896 Easton St.**  
**Sarasota, FL 34238-2601**

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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Mr. Robert Ritchie**  
**3896 Easton St.**  
**Sarasota, FL 34238-2601**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**RITCHIE, ROBERT D**  
**6993 EASTON COURT**  
**SARASOTA, FL 34238**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**RITCHIE, CHAD**  
**6993 EASTON COURT**  
**SARASOTA, FL 34238**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/24/05**