2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90059 046 ***150.00

DOCUMENT # P04000109767

1. Entity Name
A MANN TOWING, INC.

Principal Place of Business	Mailing Address
4515 N. DIXIE HWY OAKLAND PARK, FL 33334	4515 N. DIXIE HWY OAKLAND PARK, FL 33334

01172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1401 S. STATE RD. #7	1401 S. STATE RD. #7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33023 Country: U.S.A.	Zip: 33023 Country: U.S.A.

4. FEI Number: 20-1509824 ☐ Applied For ☐ Not Applicable

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
MANN, WILLIAM S ~~4515 N. DIXIE HWY~~ ~~OAKLAND PARK, FL 33334~~ 1401 S. State #7 Hollywood Fla 33023	Name: WILLIAM MANN Street Address (P.O. Box Number is Not Acceptable): 1401 S. STATE RD. #7 City: HOLLYWOOD FL Zip Code: 33023

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: William Mann 2/5/05
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	DPST MANN, WILLIAM S 4515 N. DIXIE HWY OAKLAND PARK, FL 33334	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 1401 S. STATE RD #7 HOLLYWOOD, FL 33023	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALBERT J. PETRASSI 1401 S. STATE ROAD #7 HOLLYWOOD, FL 33023	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: X [signature] PRES. (954) 961-1309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #