



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90090 029 ***150.00

DOCUMENT # P04000156274					
1. Entity Name ALVARADO-CRAIG TOWING & RECOVERY, INC.					
Principal Place of Business 4201 DAWNRIIDGE ROAD EAST JACKSONVILLE, FL 32277 US			Mailing Address 4201 DAWNRIIDGE ROAD EAST JACKSONVILLE, FL 32277 US		
2. Principal Place of Business		3. Mailing Address		 04122005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-1884565				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, HOWARD J 12443 SAN JOSE BLVD SUITE 1004 JACKSONVILLE, FL 32223			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-03		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	CRAIG, DELMA A	4201 DAWNRIIDGE ROAD EAST	JACKSONVILLE, FL 32277		
	VP	CRAIG, GORDON P	4201 DAWNRIIDGE ROAD EAST		
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: <i>Delma A Craig</i> DELMA A CRAIG			04/12/05 (904) 813-1494		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		