## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

## Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P04000159037 04-29-2005 90250 027 \*\*\*150.00 1. Entity Name JIMBO TOWING, INC. Principal Place of Business Mailing Address 8678 BRACKENWOOD DR. 8678 BRACKENWOOD DR. ORLANDO, FL 32829 US ORLANDO, FL 32829 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022005 CR2E034 (10/03) Chg-P City & State City & State 4. FEL Number Applied For 10-1 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTLEY, JAMES Street Address (P.O. Box Number is Not Acceptable) 8678 BRACKENWOOD DR. ORLANDO, FL 32829 Zip Code City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE Delete TITLÉ HARTLEY, JAMES NAME NAME 8678 BRACKENWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32829 TITLE Change ☐ Addition TITLE ☐ Delete BOTTO, LINDA NAME NAME 8678 BRACKENWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32829 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE HARTLEY, JAMES NAME STREET ADDRESS 8678 BRACKENWOOD DR. STREET ADDRESS ORLANDO, FL 32829 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE HARTLEY, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 8678 BRACKENWOOD DR. CITY-ST-ZIP ORLANDO, FL 32829 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

AME OF SIGNING OFFICER OR DIRECTOR

FILED