

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172277

Entity Name: TINY'S TOWING, INC

FILED
Aug 01, 2007
Secretary of State

Current Principal Place of Business:

13523 BISCAYNE DR
GRAND ISLAND, FL 32735

New Principal Place of Business:

105 E DELAWARE ST
TAVARES, FL 32778

Current Mailing Address:

P.O. BOX 350471
GRAND ISLAND, FL 32735

New Mailing Address:

P.O. BOX 923
TAVARES, FL 32778

FEI Number: 87-0737701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSSON, RICHARD
P.O. BOX 350471
GRAND ISLAND, FL 32735 US

Name and Address of New Registered Agent:

COSSON, RICHARD
105 E DELAWARE ST
TAVARES, FL 32778 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:

08/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: COSSON, RICHARD
Address: P.O. BOX 350471
City-St-Zip: GRAND ISLAND, FL 32735

Title: VP/D () Delete
Name: COSSON, PATRICIA
Address: P.O. BOX 350471
City-St-Zip: GRAND ISLAND, FL 32735

Title: T/S () Delete
Name: COSSON, PATRICIA
Address: P.O. BOX 350471
City-St-Zip: GRAND ISLAND, FL 32735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: COSSON, RICHARD
Address: 105 E DELAWARE ST
City-St-Zip: TAVARES, FL 32778

Title: VP/D (X) Change () Addition
Name: COSSON, PATRICIA
Address: 105 E DELAWARE ST
City-St-Zip: TAVARES, FL 32778

Title: T/S (X) Change () Addition
Name: COSSON, PATRICIA
Address: 105 E DELAWARE ST
City-St-Zip: TAVARES, FL 32778

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: PATRICIA COSSON

MRS.

08/01/2007

Electronic Signature of Signing Officer or Director

Date