2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000052515

1. Entity Name

JACKSONVILLE TOWING & RECOVERY, INC.



FILED Mar 08, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1515 RIVERSIDE AVE SUITE A JACKSONVILLE, FL 32204 1515 RIVERSIDE AVE SUITE A JACKSONVILLE, FL 32204



DO NOT WRITE IN THIS SPACE

01112007	No Chg-P	CR2	E034 (11/05)	
4. FEI Number			Applied For	_
20-2698	652		Not Applicat	اد
5. Certificate of	f Status Desired		\$8.75 Additional Fee Required	_

6. Name and Address of Current Registered Agent

FRAZIER, W ROBINSON 1515 RIVERSIDE AVE SUITE A JACKSONVILLE, FL 32204

DO NOT WRITE IN THIS SPACE

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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 punied name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
expense, species principles of agreement in a present in the property of the p								
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		 Election Campaign Trust Fund Contribution 		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSI ILLINGWORTH, RAQUEL R 10053 103RD STREET JACKSONVILLE, FL 32210							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes I further certify that the information								

12. I neeby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 attachmost with an address, with all other like empowered

SIGNATURE:

MOULL PRESIDENT 3607 (901)475-0