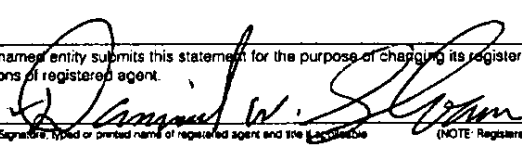
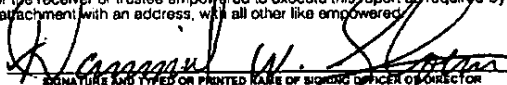


2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
May 22, 2006 8:00 am
Secretary of State

04-17-2006 90402 025 ***150.00

DOCUMENT # P05000137139			
1. Entity Name YELLOW JACK TOWING & TIRES, INC.			
Principal Place of Business 33040 BRISK DRIVE WESLEY CHAPEL, FL 33543		Mailing Address 33040 BRISK DRIVE WESLEY CHAPEL, FL 33543	
2. Principal Place of Business 5815 Palm River Road Suite, Apt. #, etc.		3. Mailing Address 5815 Palm River Road Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa, FL	
Zip 33619	Country U.S.	Zip 33619	Country U.S.
4. FEI Number 20-3583446		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTIAGO, JOHNNY 38152 SALM AVE ZEPHYRHILLS, FL 33541		7. Name and Address of New Registered Agent Name Daniel W. Sloan Street Address (P.O. Box Number is Not Acceptable) 5815 Palm River Road City Tampa FL Zip Code 33619	
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  DATE 3-23-06 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DPT ROJAS, LUZ G 255 WARREN ST, APT #1202 JERSEY CITY, NJ 07302 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS SLOAN, ESTELLA A 5815 PALM RIVER RD TAMPA, FL 33619 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Secretary ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Franklin J. Fowler ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Walter T. Sloan ☐ 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 exemptions contained 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 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: 		Date 3-23-06 Daytime Phone # 813-267-7517	