


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90145 004 ***150.00

DOCUMENT # P05000144557 1. Entity Name PRO TOWING & RECOVERY, INC.					
Principal Place of Business 1210-A S.W. 15TH AVENUE OCALA, FL 34474			Mailing Address 1210-A S.W. 15TH AVENUE OCALA, FL 34474		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURTTRAM, SAMANTHA E 1210-A S.W. 15TH AVENUE OCALA, FL 34474			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
				<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
				<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
				<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
				<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
				<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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: <i>Samantha E. Burttram Waldron</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> 4-11-06 352-867-1630 <small>Date Daytime Phone #</small> </div> </div>		



Department of Health Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

ATTACHMENT

40048923

(STATE FILE NUMBER)

P05000144557

CERTIFIED A TRUE COPY
 DAVID R. ELLSPERMANN
 BY *[Signature]* D C

INSTR # 2006002063

OR BK 04298 PG 0980

RECORDED 01/05/2006 02:53 PM

DAVID R. ELLSPERMANN CLERK OF COURT
 MARION COUNTY

M2005-2263

(APPLICATION NUMBER)

APPLICATION TO MARRY

1 GROOM'S NAME (First, Middle, Last) CHRISTOPHER LEE WALDRON			2 DATE OF BIRTH (Month, Day, Year) 08/26/1971		
3a RESIDENCE - CITY, TOWN, OR LOCATION ANTHONY	3b COUNTY MARION	3c STATE FLORIDA	4 BIRTHPLACE (State or Foreign Country) FLORIDA		
5a BRIDE'S NAME (First, Middle, Last) SAMANTHA ELAINE BURTTAM			5b MAIDEN SURNAME (if different)		
7a RESIDENCE - CITY, TOWN, OR LOCATION ANTHONY			7b COUNTY MARION	7c STATE FLORIDA	6 DATE OF BIRTH (Month, Day, Year) 06/17/1977
			8 BIRTHPLACE (State or Foreign Country) FLORIDA		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9 SIGNATURE OF GROOM (Sign full name using black ink) <i>[Signature]</i>	10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/27/2005
11 TITLE OF OFFICIAL DEPUTY CLERK	12 SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13 SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>	14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/27/2005
15 TITLE OF OFFICIAL DEPUTY CLERK	16 SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17 COUNTY ISSUING LICENSE MARION COUNTY FLA	18 DATE LICENSE ISSUED 12/27/2005	18a. DATE LICENSE EFFECTIVE 12/30/2005	19 EXPIRATION DATE 02/28/2006
20a. SIGNATURE OF COURT CLERK OR JUDGE > DAVID R. ELLSPERMANN, CLERK		20b. TITLE CLERK OF THE COURT	20c. BY D.C. BS <i>[Signature]</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21 DATE OF MARRIAGE (Month, Day, Year) 01-01-2006	22 CITY, TOWN, OR LOCATION OF MARRIAGE Bellevue, Marion Co., Florida		
23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) > <i>[Signature]</i>	23c ADDRESS (Of person performing ceremony) 5615 S.E. 109th St., Bellevue, FL 34420		
23b NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary) DAVID R. ELLSPERMANN MY COMMISSION # DD 242279 EXPIRES: September 12, 2007 Notary Public Under Seal	24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) >		
	25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) >		

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

ATTACHMENT

40548923

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