2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# P05000152523

Entity Name: TREASURE COAST TOWING & RECOVERY, INC.

Current Principal Place of Business:

1337 SW BILTMORE ST
PORT ST LUCIE, FL 34983

New Principal Place of Business:

1139 SW BILTMORE ST
PORT ST LUCIE, FL 34983

Current Mailing Address:

1337 SW BILTMORE ST
PORT ST LUCIE, FL 34983

New Mailing Address:

1139 SW BILTMORE ST
PORT ST LUCIE, FL 34983

FEI Number: 20-2787545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRIAN STONE
1337 SW BILTMORE ST
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

LISA STONE
1139 SW BILTMORE ST
PORT ST LUCIE, FL 34983 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: LISA STONE 03/26/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: STONE, BRIAN E
Address: 1337 SW BILTMORE ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: V P ( ) Delete
Name: BORDONALI, MICHAEL A
Address: 1337 SW BILTMORE ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T ( ) Delete
Name: STONE, LORA
Address: 1337 SW BILTMORE ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: STONE, LISA G
Address: 1139 SW BILTMORE ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: V P (X) Change ( ) Addition
Name: LORA, STONE R
Address: 1139 SW BILTMORE ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T (X) Change ( ) Addition
Name: STONE, LORA R
Address: 1139 SW BILTMORE ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S ( ) Change (X) Addition
Name: STONE, LISA G
Address: 1139 SW BILTMORE ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: LISA STONE PRES 03/26/2008
Electronic Signature of Signing Officer or Director Date