

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152523

FILED
Mar 13, 2009
Secretary of State

Entity Name: TREASURE COAST TOWING & RECOVERY, INC.

Current Principal Place of Business:

6145 S US 1
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

6145 S US 1
FT PIERCE, FL 34982

New Mailing Address:

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

Name and Address of Current Registered Agent:

LISA STONE
6145 S US 1
FT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

LORA R. STONE
6145 S US 1
FT PIERCE, FL 34982 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: LORA R. STONE

03/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STONE, HAROLD E
Address: 6145 S. U.S. 1
City-St-Zip: FORT PIERCE, FL 34982

Title: V P (X) Change () Addition
Name: LORA, STONE R
Address: 6145 S. U.S. 1
City-St-Zip: FORT PIERCE, FL 34982

Title: T (X) Change () Addition
Name: STONE, LORA R
Address: 6145 S. U.S. 1
City-St-Zip: FORT PIERCE, FL 34982

Title: S (X) Change () Addition
Name: STONE, HAROLD E
Address: 6145 S. U.S. 1
City-St-Zip: FORT PIERCE, FL 34982

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: LORA R. STONE

VP

03/13/2009

Electronic Signature of Signing Officer or Director

Date