2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90113 002 ***150.00

DOCUMENT # P06000035966

1. Entity Name
SAMMY'S TOWING, INC

Principal Place of Business	Mailing Address
7722 WESTRIDGE CT ORLANDO FL 32810	7722 WESTRIDGE CT ORLANDO FL 32810

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5127 Clarcona Ocoee Rd	5127 Clarcona Ocoee Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32810 Country: USA	Zip: 32810 Country: USA

4. FEI Number 20-4518218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNIZ, SAMUEL
7722 WESTRIDGE CT
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P MUNIZ, SAMUEL 7722 WESTRIDGE CT ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 5127 Clarcona Ocoee Rd	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEDUC, NILSA 7722 WESTRIDGE CT ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 5127 Clarcona Ocoee Rd	☒ Change ☐ Addition
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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 Section 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: Samuel Muniz Samuel Muniz 4-17-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #