

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90036 033 ***150.00

DOCUMENT # P06000100358

1. Entity Name

AA & D TOWING SERVICE CORP



Principal Place of Business

560 DIANES CIR
CASSELBERRY FL 32707

Mailing Address

560 DIANES CIR
CASSELBERRY FL 32707

2. Principal Place of Business - No P.O. Box #
533 MANDRAKE CV

3. Mailing Address

Suite, Apt. #, etc.

APT # 4

Suite, Apt. #, etc.

City & State

CASSELBERRY FL

City & State

Zip

32730

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

75-3218853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, ALVIN M
560 DIANES CIR
CASSELBERRY FL 32707

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 fee, if applicable.

(NOTE: Registered Agent signature required when submitting)

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	P	<input type="checkbox"/> Delete
NAME	GARCIA, ALVIN M	
STREET ADDRESS	560 DIANES CIR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, ANNA LISE M	
STREET ADDRESS	560 DIANES CIR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARCIA, DIANE A	
STREET ADDRESS	560 DIANES CIR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROMERO, MARIA BELLANID	
STREET ADDRESS	560 DIANES CR.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Alvin M Garcia ALVIN M GARCIA

1/30/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #