2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000103363 1. Entity Name TOWINGTRANSPORT, RECOVERY INC.

US



FILED
Jan 31, 2008 08:00 AM
Secretary of State

Principal Place of Business

1513 LAUREL CIRCLE CLEARWATER, FL 33756 Mailing Address

1513 LAUREL CIRCLE CLEARWATER, FL 33756

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6. Name and Address of Current Registered Agent

01252008	No Chg-P	CR2E034 (11/05)			
4. FEI Number	r		Applied For		
43-2109	9583		Not Applicable		
E Cartificato	of Status Decised		\$8.75 Additional		

5. Certificate of Stati

56./3 Addit

SYMINGTON, BARRY A CEO 1513 LAUREL CIRCLE CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.								
SIGNATURE.		if applicable (NOTE: Decisioned	Agent expert ye	required when reformation)	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS			<u> </u>			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P/D SYMINGTON, BARRY 1513 LAUREL CIRCLE CLEARWATER, FL 33756							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, EDWARD 1250 125 TERR N MIAMI, FL 33299							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENCE, KIM 1513 LAUREL CIRCLE CLEARWATER, FL 33756			000000308786 02/07/08-80062-025 150.00 DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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 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 empewered 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.								

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