


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90014 011 \*\*\*150.00

<b>DOCUMENT # P07000045520</b>	
1. Entity Name <b>BUNNY'S TOWING SERVICE, INC</b>	

Principal Place of Business <b>35624 CEDAR LANE LEESBURG, FL 34748</b>	Mailing Address <b>35624 CEDAR LANE LEESBURG, FL 34748</b>
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**40109430**

2. Principal Place of Business - No P.O. Box # <b>3461 US Hwy 441/27</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04022008 Chg-P CR2E034 (12/06)

City & State <b>Fruitland Park FL</b>	City & State <b>Same</b>
Zip <b>34731</b>	Country <b>VSA</b>

4. FEI Number <b>20 8888321</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>LABARBARA, ROSETTA 35624 CEDAR LANE LEESBURG, FL 34748</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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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**

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, S LABARBARA, ROSETTA 35624 CEDAR LANE LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

*Rosetta La Barbera* 4-30-08 352 728-8535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

6-25-08

To whom it may concern,

40109490  
#P07000045520

I never received any notices of Division of corporations. This is my first year in business in Florida. I have two corporations and I sent both in different envelopes, same day. Hunnewell, Inc, dba Economy Auto Repair was approved 150.00 when it was late. Bunny's Towing received a letter to state I should pay 550 for lateness.

Please help,

*Rosetta LaBarbera*

Rosetta LaBarbera