


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90039 014 ***158.75

DOCUMENT # P92000005180
 1. Entity Name
SHADE TREE TOWING, INC.




Principal Place of Business: **HIGHWAY 98 & 1ST EASTPOINT FL 32328**
 Mailing Address: **P.O. BOX 971 EASTPOINT FL 32328**

2. Principal Place of Business: **620 HOUSTON RD.**
 Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: **EASTPOINT FL.**

Zip: **32328** Country: **USA**
~~FRANKLIN~~



MOORE CR2E034 (11/03)

4. FEI Number: **59-3161453**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MILLER, JAMES H
 HIGHWAY 98 FIRST STREET
 EASTPOINT FL 32328**

7. Name and Address of New Registered Agent
 Name: **JAMES H. MILLER JR.**
 Street Address (P.O. Box Number is Not Acceptable):
620 HOUSTON RD.
 City: **EASTPOINT 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, JAMES H JR.	
STREET ADDRESS	HIGHWAY 98 CORNER 1ST	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, JEANETTE	
STREET ADDRESS	HWY 98 CORNER NORRELL ST	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JAMES SR	
STREET ADDRESS	SWY 98 CORNER NARRELL ST	
CITY-ST-ZIP	EASTPOINT FL 32328	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 exemption stated in Section 119.07(3)(i), 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: *James H. Miller Jr.* **3/2/04 8506708219**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #