2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P92000011493 1. Entity Name DANS TOWING OF PALM BEACH, INC.				05-01-2006 90380 032 ***150.00			
Principal Place of Business 5178 MARK DRIVE BOYNTON BEACH, FL 33437		Mailing Address 5178 MARK DRIVE BOYNTON BEACH, FL 3343	37				
- ·	Place of Business Palm Way #, etc.	3. Mailing Address 5346 Palm Way Suite, Apt. #, etc.					
City & Sta		City & State	···	4. FEI Number Applied Fo			
Zip	Worth, FL Country	1 ' 1	buntry	65-0375010 Not Applic 5. Certificate of Status Desired \$8.75 Additional	able		
33463-	8023 Palm Beach 6. Name and Address of Current F		lm Beach	7. Name and Address of New Registered Agent			
MCGREGOR, EDWARD L 5178 MARK DR. BOYNTON BEACH, FL 33437				Name Edward L. McGregor Street Address (P.O. Box Number is Not Acceptable)			
			5346 City_	6 Palm Way			
The above named entity submits this statement for the purpose of changing its registers.			Lake	Lake Worth d 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 provided and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0		on. 🗆	\$5.00 May Be Added to Fees			
TITLE	OFFICERS AND D		II.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D G Change Add	tition		
NAME STREET ADDRESS CITY-ST-ZIP	MCGREGOR, JACK L 5178 MARK DR BOYNTON BEACH, FL 33437	, s	IAME	Jack L. McGregor 5346 Palm Way Lake Worth, FL 33463-80			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGREGOR, EDWARD L 5178 MARK DRIVE BOYNTON BEACH, FL 33437	N S	TREET ADDRESS	D ☑ Change ☐ Add Edward L. McGregor 5346 Palm Way Lake Worth, FL 33463-8			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGREGOR, DEANNÁ E 5178 MARK DRIVE BOYNTON BEACH, FL 33437	N S	ITLE AME TREET ADDRESS ITY-ST-ZIP	☐ Change ☐ Add	îtion		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N S	ITLE AME THEET ADDRESS ITY-ST-ZIP	☐ Change ☐ Add	ition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ITLE AME TREET ADORESS ITY-ST-ZIP	☐ Change ☐ Addi	ition		
TITLE NAME STREET ADDRESS CITY-SJ-ZIP		, La state	TTLE AME TREET ADDRESS ITY-ST-ZIP	☐ Change ☐ Addi	tion		
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.							