

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90258 035 ***150.00

DOCUMENT # P92000011493 1. Entity Name DANS TOWING OF PALM BEACH, INC.			
Principal Place of Business 5346 PALM WAY LAKE WORTH, FL 33463-8023		Mailing Address 5346 PALM WAY LAKE WORTH, FL 33463-8023	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 944	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Elkader, Iowa 52043	
Zip	Country	Zip 52043-0944	Country
6. Name and Address of Current Registered Agent MCGREGOR, JACK L 5346 PALM WAY LAKE WORTH, FL 33463-8023		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME MCGREGOR, JACK L	TITLE President	NAME Edward L. McGregor
STREET ADDRESS 5346 PALM WAY	CITY-ST-ZIP LAKE WORTH, FL 334638023	STREET ADDRESS P.O. Box 944	CITY-ST-ZIP Elkader, Iowa 52043-0944
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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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: <u><i>Jack L. McGregor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>05/01/08</u> Daytime Phone #: <u>561-601-6604</u>	