


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

02-02-2006 90037 015 ****35.00
03-21-2006 90045 022 ***115.00

| | |
|---|---|
| DOCUMENT # P92000015124 |  |
| 1. Entity Name FULKERSON TOWING, INC. | |

| | |
|--|---|
| Principal Place of Business 1875 STATE RD 207 ST AUGUSTINE, FL 32086 | Mailing Address 1875 STATE RD 207 ST AUGUSTINE, FL 32086 US |
|--|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02272006 Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 59-3157900 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

| | | | |
|--|--|--|----|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CHATILA, RIAD A 57 MENEDEZ ROAD SAINT AUGUSTINE, FL 32080 | | Name Riad Chatila | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 57 Menendez Road | |
| | | City St. Augustine | FL |

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  **RIAD CHATILA** 3/6/06
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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP | PD ZIEMBINSKI-ALLEN, VERA 1875 SR 207 ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Abraham Riad Chatila 57 Menendez Road St. Augustine, FL 32080 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST WILLIAMS, JAMES D 1093 A1A BEACH BLVD, #153 SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/S/D Riad Chatila 57 Menendez Road St. Augustine, FL 32080 <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 | D Ghada Chatila 57 Menendez Road St. Augustine, FL 32080 <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 | D Abdul Rahman Chatila 57 Menendez Road St. Augustine, FL 32080 <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 |
| 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:  **RIAD CHATILA** 3/6/06 669 3751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT # P920000015124
50004055-

LAW OFFICE OF CHARLES W. MCBURNEY, JR.
ATTORNEY AND COUNSELOR AT LAW

6550 ST. AUGUSTINE ROAD, SUITE 105
JACKSONVILLE, FLORIDA 32217

TELEPHONE 904 / 731-0002
FAX NO. 904 / 731-3885
E-MAIL cmcburney@bellsouth.net

Charles W. McBurney, Jr.

March 15, 2006

VIA EXPRESS MAIL

Secretary of State's Office
Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

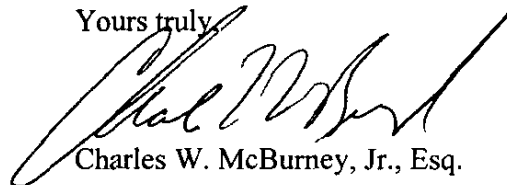
Re: Florida Auto & Salvage, Inc. and
Fulkerson Towing, Inc.

Dear Sir/Madam:

Enclosed, please find a 2006 For Profit Corporation Annual Report for the above captioned two (2) corporations for filing. Also, enclosed please find my firm's checks number 0927 and check number 0928, each in the sum of \$115.00 to cover the balance owed for filing the annual reports that your office had previously received and deposited on February 2, 2006, in the sum of \$35.00 as to each corporation.

Thank you for your prompt attention to this matter.

Yours truly,



Charles W. McBurney, Jr., Esq.

CWM:swh

Encs.