2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P92000015124

Entity Name: FULKERSON TOWING, INC.

Current Principal Place of Business:

1875 STATE RD 207
ST AUGUSTINE, FL 32086

New Principal Place of Business:

1875 STATE RD 207
ST.AUGUSTINE, FL 32086

Current Mailing Address:

1875 STATE RD 207
ST AUGUSTINE, FL 32086 US

New Mailing Address:

1875 STATE RD 207
ST. AUGUSTINE, FL 32086 US

FEI Number: 59-3157900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHATILA, RIAD A
1875 SR 207
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

CHATILA, RIAD A
1875 SR 207
ST. AUGUSTINE, FL 32086 US

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.

SIGNATURE: RIAD CHATILA 04/23/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RIAD CHATILA, ABRAHAM
Address: 1875 SR 207
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TSD ( ) Delete
Name: CHATILA, RIAD
Address: 1875 SR 207
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Delete
Name: CHATILA, GHADA
Address: 1875 SR 207
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Delete
Name: CHATILA, ABDUL RAHMAN
Address: 1875 SR 207
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHATILA, ABRAHAM R PD
Address: 1875 SR 207
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TSD (X) Change ( ) Addition
Name: CHATILA, RIAD A TSD
Address: 1875 SR 207
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAHAM CHATILA PD 04/23/2008
Electronic Signature of Signing Officer or Director Date