2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000000075

1. Entity Name

CURRY'S TOWING & RECOVERY, INC.



FILED Feb 02, 2007 08:00 AM Secretary of State

Principal Place of Business

17525 ROCKEFELLER CIR. FT MYERS, FL 33912 US Mailing Address

17525 ROCKEFELLER CIR. FT MYERS, FL 33912 US



01302007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0382231 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURRY, JUDY L 17525 ROCKEFELLER CIR FT MYERS, FL 33912

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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_	Signature, typed or printed name of registered agent and title	Hamplinghla (AVTE Pagistora	A gest pignet as	required upon coloutation)	DATE	
California (Abec or human paris or reflection of an in abhitrants (4.0 cm pelestion viti				Agent signature required when reinstating) DATE		
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	02/08/07-80009-022 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CURRY, ROBERT C 17525 ROCKEFELLER CR. FORT MYERS, FL. 33912					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURRY, JUDY 17525 ROCKEFELLER CR. FORT MYERS, FL 33912					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
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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

MGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

JUDY LUCRY IGNING OFFICER OR DIRECTOR <u>1-30-07 2394810077</u>

Daytime Phone