2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 05, 2005 08:00 AN Secretary of State

Secretary of State Secretary Se	1. Settly Name BOOMTOWN TOWING AND STORAGE, INC. Principal Place of Existres Substance (Principal Place of Existres)	DOOL WATER IT II DOODDOOD						Way 03, 2003 00:00 A				
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BARDWELL, SAM B 503 PALM AVENUE TITUSVILLE FL 32796 City City FL Zip Code 4. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rolfda. I am familiar with, and accept the obligations of registered agent and also applicable. SIGNATURE FILLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Dapartment of State. 10.	BARDWELL, SAM B 503 PALM AVENUE TITUSVILLE FL 32796 City FL Zip Code City FL Zip C	Zip	Country Zip Co			ntry		·	Fee	Required		
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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, speed or present many of registered agent and use it applicable (NOTE Registered Agent signature) DATE	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 act the obligations of registered agent. SIGNATURE SIGNATURE SOURCE November of primes name of registered agent and size if explanable. (NOTE Registered Agent segment seven instituting) After May 1, 2005 Fee With Bis \$550.00											
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12. I haveby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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	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 cath; that I am an officer or dire 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 changed, or on an attachment with an address, with all other like empowered.											

TOUGH MISTY BROWS ON PEO OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR