

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT# P93000034679			
1. Entity Name NICK STOWING & RECOVERY, INC.			
Principal Place of Business 106 E LINEBAUGH AVE TAMPA, FL 33612		Mailing Address 1931 CURRY ROAD LUTZ, FL 33549	
DO NOT WRITE IN THIS SPACE			
		01132004 NoChg-P CR2E034(10/03)	
		4. FEI Number 59-3185424	
		☐ Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURT, NICHOLAS G 1931 CURRY ROAD LUTZ, FL 33549		DO NOT WRITE IN THIS SPACE	
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, type or print name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-instating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	BURT, NICHOLAS G		
STREET ADDRESS	1931 CURRY ROAD		
CITY - ST - ZIP	LUTZ, FL 33549		
TITLE	D		
NAME	BURT, NINA		
STREET ADDRESS	1931 CURRY ROAD		
CITY - ST - ZIP	LUTZ, FL 33549		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing 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 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: <i>Nina Burt</i> <i>NINA BURT</i>		1/15/04 813-240-0430	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	