2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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1. Entity Name
NICK'S TOWING & RECOVERY, INC.

Principal Place of Business	Mailing Address
106 E LINEBAUGH AVE TAMPA, FL 33612	1931 CURRY ROAD LUTZ, FL 33549

01052006 NoChg-P CR2E034(11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000391943
01/24/06-80059-023 150.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Nina Burt (NINA BURT) 1/17/06 813-240-4025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #