


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90060 022 ***158.75

DOCUMENT # P93000038472

1. Entity Name
LAKE PARK TOWING, INC.



Principal Place of Business Mailing Address
803 13TH ST **803 13TH ST**
LAKE PARK, FL 33403 US **LAKE PARK, FL 33403 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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01102006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0413151 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STREET, CAROLYN R. EA
2000 PALM BEACH LAKES BLVD. #200
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1001 N U.S. Hwy ONE Ste 1000

City State Zip Code
Jupiter FL 33417

8. The above named entry 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]* *[Signature]* **1/9/06**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when attending) DATE

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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEO GADOURY, KATHRYN <input type="checkbox"/> Delete 825 ELM ROAD WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRES GADOURY, THOMAS <input type="checkbox"/> Delete 825 ELM ROAD WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP GRIBBLE, JAMES <input type="checkbox"/> Delete 1525 GALLOP DRIVE LOXAHACTEE, FL 33470
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SEC KELLEY, WARREN H II <input checked="" type="checkbox"/> Delete 1073 FERNLEA DRIVE WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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 667, 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: *[Signature]* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF TRUSTEE, OFFICER OR DIRECTOR