2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000074735

1. Entity Name
SISTERS TOWING & TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
6907 SOUTHERN BOULEVARD C WEST PALM BEACH, FL 33413	6907 SOUTHERN BOULEVARD C WEST PALM BEACH, FL 33413

DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0462336

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, ELEANOR
6907 SOUTHERN BLVD
SUITE "O"
WEST PALM BEACH, FL 33413

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	JONES, ELEANOR
STREET ADDRESS	8587 THOUSAND PINE COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	VP
NAME	BROCHARD, LEILANI
STREET ADDRESS	4710 HUNTING TRAIL
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	S
NAME	DAY, MAUREEN
STREET ADDRESS	354 WESTWOOD CIR. W.
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80055-017 150.00

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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: _____ 1/8/04 561-687-0820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #