


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000074735
 1. Entity Name
 SISTERS TOWING & TRANSPORTATION, INC.



Principal Place of Business 6907 SOUTHERN BOULEVARD C WEST PALM BEACH, FL 33413	Mailing Address 6907 SOUTHERN BOULEVARD C WEST PALM BEACH, FL 33413
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0462336	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 - ST - ZIP	PD JONES, ELEANOR 8587 THOUSAND PINE COURT WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROCHARD, LEILANI 4710 HUNTING TRAIL LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAY, MAUREEN 354 WESTWOOD CIR. W. 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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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: [Signature] 1/5/05 561-687-0820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #