

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 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**



03162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____ 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, 2008 Fee will be \$550.00**

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

U00000865385
04/07/08-80026-017 150.00

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	

**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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08 571-687-0820
Date Daytime Phone #