


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT #P94000048287 1. Entity Name INTERSTATE TOWING & RECOVERY, INC.	
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Principal Place of Business 2461 S. STATE RD #7 FT. LAUDERDALE, FL 33317 US	Mailing Address P.O. BOX 17796 FT LAUDERDALE, FL 33318 US
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0501226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SALVATORE GIARDINA
2300 SW 41 AVE
FORT LAUDERDALE, FL 33317**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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**

**UN0000146443
05/03/04-80064-021 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIARDINA, SALVATORE 2300 SW 41 AVE FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIARDINA, DEBRA 2300 SW 41 AVE FORT LAUDERDALE, FL 33317
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: Salvatore Giardina **4-25-04** **9547927710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #