


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000077078**

1. Entity Name  
**DAVE'S TOWING & RECOVERY, INC.**



Principal Place of Business  
**1516 SW 12TH STREET  
 OCALA, FL 34474 US**

Mailing Address  
**2215 SE FT. KING STREET  
 SUITE B  
 OCALA, FL 34470 US**

**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3289852**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BURTTRAM, WILLIAM D SR.  
 1614 SE 14TH AVE  
 OCALA, FL 34471**

**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)

**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

DATE  
**04/14/08-80057-008 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BURTTRAM, WILLIAM D 1614 SE 14TH AVE OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:  **William D. Burttram** ✓ **3/31/08** (352)867-5745

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