## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000008891

Entity Name: C & S TOWING SERVICE, INC.

**FILED** Sep 06, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

455 SOUTH BUFORD AVENUE 1014 SHADICK DR

ORANGE CITY, FL 32763 ORANGE CITY, FL 32763

**Current Mailing Address: New Mailing Address:** 

455 SOUTH BUFORD AVENUE P.O. BOX 741597

ORANGE CITY, FL 32763 ORANGE CITY, FL 32774 US

FEI Number: 59-3358080 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MARVIN, SCOTT A. MARVIN, SCOTT A. 455 S BÚFORD AVE 1096 N THORPE AVE

ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 US US

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.

SIGNATURE: 09/06/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

MARVIN, SCOTT A MARVIN, SCOTT A Name: Name: 455 SOUTH BUFORD AVENUE 1096 N THORPE AVENUE Address: Address:

City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: ORANGE CITY, FL 32763

Title: **VSTD** Title: **VSTD** (X) Change ( ) Addition () Delete Name: MARVIN, CHRISTEL A Name: MARVIN, CHRISTEL A 455 SOUTH BUFORD AVENUE 1096 N THORPE AVENUE Address: Address: ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition AS () Delete AS

MARVIN, LEONARD Name: MARVIN, LEONARD Name: 455 SOUTH BUFORD AVE. 631 S PARK AVE. Address: Address:

City-St-Zip: ORANGE CITY, FL City-St-Zip: ORANGE CITY, FL 32763 FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTEL MARVIN **VST** 09/06/2005