

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P96000027484

1. Entity Name
ACE TOWING & TRANSPORT, INC.



Principal Place of Business
9954 LAKEVIEW DRIVE
NEW PORT RICHEY FL 34654
US

Mailing Address
9954 LAKEVIEW DRIVE
NEW PORT RICHEY FL 34654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3370610

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & ULRERA, P.A.
1840 CORAL WAY, 4TH FLOOR
MIAMI FL 33145

Name

Housteau, Thomas J

Street Address (P.O. Box Number is Not Acceptable)

9954 Lakeview Drive

City

New Port Richey

FL

Zip Code
34654

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 Thomas J Housteau
Signature, typed or printed name of registered agent and title if applicable

Thomas J Housteau President 4/20/05
(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME HOUSTEAU, TOM
STREET ADDRESS 9954 LAKEVIEW DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Delete
NAME HOUSTEAU, JOAN M
STREET ADDRESS 9954 LAKEVIEW DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T Delete
NAME HOUSTEAU, JOAN M
STREET ADDRESS 9954 LAKEVIEW DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Thomas J Housteau Thomas J Housteau President 4/20/05 727-819-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9137

**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90344 047 ***150.00



1st MOORE CR2E034 (10/04)