2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2004 08:00 AM -- Secretary of State **DOCUMENT # P97000065069** JAMES JR. TOWING INC. Mailing Address Principal Place of Business 932 30TH ST 932 30TH ST WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 04192004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0766721 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LITTLE, JAMES JR 932 30TH STREET DO NOT WRITE WEST PALM BEACH, FL 33407 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. (HOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LITTLE, JAMES JR NAME U00000125061 932 30TH STREET STREET ADDRESS 04/22/04-80069-018 150.00 CITY-ST-ZIP WEST PALM BEACH, FL 33407 TITLE BURGMAN, OLA MAE STREET ADDRESS 218 LAKEN DR CITY - ST - ZIP WEST PALM BEACH, FL 33402 TILLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 attachmost with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (56) 842-5929 Devline Phone #

FILED