2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000066567

1. Entity Name

PRICE-RITE TOWING & RECOVERY INC.

Principal Place of Business	Mailing Address
3529 SW 12TH PLACE FT LAUDERDALE FL 33312 US	3529 SW 12TH PLACE FT LAUDERDALE FL 33312 US

1st MOORE CR2E034 (10/05)

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 65-0741999 ☐ Applied F ☐ Not Applic

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

6. Name and Address of Current Registered Agent

MILLER, PATRICK A
3529 SW 12TH PLACE
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ac the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** M. Added to F.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	P	☐ Delete	TITLE		☐ Change
NAME	MILLER, PATRICK A		NAME		
STREET ADDRESS	3529 SW 12TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change
NAME	ROWE, LINDA		NAME	U00000564974	
STREET ADDRESS	3529 SW 12 PLACE		STREET ADDRESS	05/20/06-80093-009 150.00	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-12 954-3216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #