



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90037 005 ***150.00

DOCUMENT # P98000021710 1. Entity Name POWERLINE TOWING AND RECOVERY, INC.					
Principal Place of Business 2660 N.W. BOCA RATON BLVD. BOCA RATON, FL 33431				Mailing Address 2660 N.W. BOCA RATON BLVD. BOCA RATON, FL 33431	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7777 GLADES RD 209			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 65-0820465	
Zip 33434		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADLEY, JEFFREY D 1713 ARABIAN DR. LOXAHATCHEE, FL 33470				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 accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADLEY, JEFFREY D 1713 ARABIAN DRIVE LOXAHATCHEE, FL 33470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Jeffrey D Bradley</i> JEFFREY D BRADLEY Date 7/21/05					

ATTACHMENT

50059455

POWERLINE TOWING & RECOVERY, INC.

2660 NW Boca Raton Blvd.

Boca Raton, FL 33431

July 20, 2005

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

RE: ~~Powerline Towing & Recovery, Inc.~~

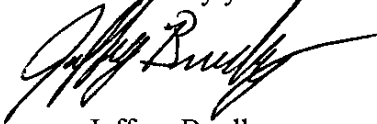
P98-000021710

Dear Sir or Madam:

Enclosed is the Uniform Business Report (UBR) for the above noted corporation. Please be advised that we did not receive the UBR. Also enclosed is a check in the amount of \$150.

Thank you.

Very truly yours,



Jeffrey Bradley

President