


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P98000032136</b> 1. Entity Name <b>LEVEROCK'S TOWING &amp; TRANSPORT, INC.</b>						<b>FILED</b> <b>04 NOV -9 PM 4: 24</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>4750 95TH ST N</b> <b>ST PETERSBURG, FL 33708</b>				Mailing Address <b>4750 95TH ST N</b> <b>ST PETERSBURG, FL 33708</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>8. Name and Address of Current Registered Agent</b> <b>LEVEROCK, HUBERT</b> <b>4750 95TH ST N</b> <b>ST PETERSBURG, FL 33708</b>				<b>7. Name and Address of New Registered Agent</b> Name <u>PAMELA F. LEVEROCK</u> Street Address (P.O. Box Number is Not Acceptable) <u>4750 95TH ST N</u> City <u>ST PETERSBURG</u> <u>FL</u> Zip Code <u>33708</u>			
4. FEI Number <b>59-3502830</b>							
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
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 <u>Pamela F. Leverock</u> <u>PAMELA F. LEVEROCK</u> <u>8-6-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>LEVEROCK, HUBERT</b> STREET ADDRESS <b>4750 95TH ST N</b> CITY-ST-ZIP <b>ST PETERSBURG, FL 33708</b>				TITLE <b>P/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>PAMELA F LEVEROCK</b> STREET ADDRESS <b>4750 95TH ST N</b> CITY-ST-ZIP <b>ST PETERSBURG FL 33708</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>600042609506</b> STREET ADDRESS <b>11/09/04--01087--009</b> <b>**\$61.25</b> CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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. <b>SIGNATURE: <u>Pamela F. Leverock</u> <u>PAMELA F. LEVEROCK</u> <u>8/6/04</u> <u>727-391-3577</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							