2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P98000090708 1. Entity Name HERCO AUTOMOTIVE SERVICES & TOWING, INC.						05-03-2004 90686 022 ***150.00		
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Principal Place of Business Mailing Address 1914 WEST COLUMBUS DRIVE PO BOX 260502						on the control of the		
TAMPA, FL 33607 をおいて おおおき もいいかど (TAMPA, FL 33685) だっ					ogaa la mu	អាជ្ញាធ្វើប្រសេធ្វីសិស្សា ១៩៩៩៥		
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2. Principal Pl	lace of Busin	ness	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04272004 Chg-P CR2E034 (10/03)		
City & State .			City & State			l 		
Zip	Zip Country		Zip	Zip Country		5. Certificate of Status Desired		
6. Name and Address of Current R			ent Registered Agent			7. Name and Address of New Registered Agent		
TORTORELLO, JOHN V								
4822 BONITA VISTA DR. 2000 100 100 100 100 100 100 100 100 10					Street Address (P.O. Box Number is Not Acceptable)			
City of a second of the control of t								
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 Signature, typed or printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating)								
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$\$,\$5.00 May Be Trust Fund Contribution. Added to Fees								
10. 1 22 5 7 7 3 1 1 OFFICERS AND DIRECTORS 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
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STREET ADDRESS CITY-ST-ZIP					REET ADORESS 4	MMPA @ 33634		
TITLE 450			Delete		Œ.	TAMPA, PL 33634	Addition	
NAME			1.	NA.	ME .			
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NAME	' '		•	NA NA	MET PROPERTY (7)	y min y		
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS Y-ST-ZIP	- 11		
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 attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date								