

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90051 035 ***150.00

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1. Entity Name

A & B TOWING & REPAIR OF OKEECHOBEE, INC.



Principal Place of Business

711 N. PARROTT AVE.
OKEECHOBEE FL 34972

Mailing Address

711 N. PARROTT AVE.
OKEECHOBEE FL 34972

50012617



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

712 N Parrott Ave
Suite, Apt. #, etc.

3. Mailing Address

712 N Parrott Ave
Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

Okeechobee FL

4. FEI Number

65-0939146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, HENRY M
711 N. PARROTT AVE.
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name Henry M. C'Neill

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

712 N Parrott Ave

City Okeechobee

FL

Zip Code 34972

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 Henry M. C'Neill 712 N Parrott Ave Okeechobee FL 34972
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2-4-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME O'NEILL, BEVERLY C ☐ Delete
STREET ADDRESS 711 N. PARROTT AVE.
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE PD
NAME O'NEILL, HENRY M ☐ Delete
STREET ADDRESS 711 N. PARROTT AVE.
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE: Henry M. C'Neill Henry M. C'Neill 2-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 863 634 5753