


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000072133	
1. Entity Name A & B TOWING & REPAIR OF OKEECHOBEE, INC.	

Principal Place of Business 712 N. PARROTT AVE OKEECHOBEE, FL 34972	Mailing Address 712 N. PARROTT AVE OKEECHOBEE, FL 34972
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DO NOT WRITE IN THIS SPACE



07172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0939146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent O'NEILL, HENRY M 711 N. PARROTT AVE. OKEECHOBEE, FL 34972

DO NOT WRITE IN THIS SPACE

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 6, 2006	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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD O'NEILL, BEVERLY C 711 N. PARROTT AVE. OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'NEILL, HENRY M 711 N. PARROTT AVE. OKEECHOBEE, FL 34972
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07/28/06-80010-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Beverly C. O'Neill Beverly C. O'Neill 7-20-06 561-351-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #