2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 09, 2004 8:00 am DOCUMENT #7V16538 **Secretary of State** 1. Entity Name 03-09-2004 90016 014 ***150.00 L & M TOWING, INC. Principal Place of Business Mailing Address 151 HIBISCUS STREET 10924 151ST LANE N JUPITER FL 33458 JUPITER FL 33478 2. Principal Place of Business Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For 65-0317655 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent SACKS, MORRIS Street Address (P.O. Box Number is Not Acceptable) 10924 151ST LANE NORTH JUPITER FL 33478 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE Addition SACKS, MORRIS NAME NAME STREET ADDRESS 10924 151ST LANE NORTH STREET ADDRESS CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition SACKS, SARAH NAME NAME 10924 151ST LANE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33478 CITY-ST-7IP TITLE PD Delete TITLE ☐ Change ■ Addition NAME SACKOS, MORRIS NAME STREET ADDRESS STREET ADDRESS 10924 151 LANE LORTH City-St-ZiP JUPITER FL 33478 CITY-ST-ZIP TITLE SD Delete TITLE Change Addition SACKS, SARAH STREET ADDRESS 10924 151 LANE N STREET ADDRESS JUPITER FL 33478 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 peport 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 ex

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