2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2005 8:00 am **Secretary of State** DOCUMENT # V16538 1. Entity Name 02-23-2005 90075 035 ***150.00 L & M TOWING, INC. Principal Place of Business Mailing Address 151 HIBISCUS STREET PO BOX 2454 JUULOADD JUPITER FL 33458 US JUPITER FL 33468 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEi Number Applied For 65-0317655 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired **Fee Required** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SACKS, MORRIS Street Address (P.O. Box Number is Not Acceptable) 10924 151ST LANE NORTH JUPITER FL 33478 Zip Code City 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 applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 TITLE ☐ Addition TITLE Delete SACKS, MORRIS NAME NAME SACKS 10924 151ST LANE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP Delete Change Addition NAME SACKS, SARAH MAME STREET ADDRESS STREET ADDRESS 10924 151ST LANE NORTH JUPITER FL 33478 CITY-ST-ZIP CITY-ST-ZIP Delete -TITLE -___ Change _ Addition TITLE SACKOS, MORRIS NAME STREET ADDRESS 10924 151 LANE LORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33478 Delete TITLE Change ☐ Addition TITLE SACKS, SARAH NAME NAME 10924 151 LANE N STREET ADDRESS STREET ADDRESS JUPITER FL 33478 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED