

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State



DOCUMENT # J87953

1. Entity Name
TRI-COUNTY TOWING, INC.

Principal Place of Business
**1155 BELLE AVENUE
 WINTER SPRINGS FL 32708**

Mailing Address
**1155 BELLE AVENUE
 WINTER SPRINGS FL 32708**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2384420**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, CLARENCE MILTON, III
 1155 BELLE AVENUE
 WINTER SPRINGS FL 32708**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

D/P
HANSEN, IRIS J. Delete
**1155 BELLE AVENUE
 WINTER SPRINGS FL 32708**

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition
**U00000623720
 02/14/07-80001-007 150.00**

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

D/VP
WILLIAMS, CLARENCE M, III Delete
**1155 BELLE AVENUE
 WINTER SPRINGS FL 32708**

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

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Change Addition

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 CITY-STATE-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Clarence Milton Williams III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 407 695 4400
 Date Daytime Phone #