

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Feb 06, 2007
Secretary of State**

DOCUMENT# P00000113990

Entity Name: PRIORITY TOWING, INC.

Current Principal Place of Business:

C/O ESSENTIAL BUSINESS SERVICES INC
8741 NW 57TH STREET
TAMARAC, FL 33351

New Principal Place of Business:

Current Mailing Address:

C/O ESSENTIAL BUSINESS SERVICES INC
8741 NW 57TH STREET
TAMARAC, FL 33351

New Mailing Address:

FEI Number: 65-1061257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCUZZO, AARON S
714 BARNETT DRIVE
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GAUTHIER, ANGELA C
Address: 714 BARNETT DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: PD (X) Delete
Name: COCUZZO, AARON S
Address: 714 BARNETT DR.
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COCUZZO, AARON S
Address: 714 BARNETT DR
City-St-Zip: LAKE WORTH, FL 33461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON COCUZZO

PD

02/06/2007

Electronic Signature of Signing Officer or Director

_____ Date