# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # M92376

1. Entity Name
FLORIDA TOWING COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| % C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324 US | % C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324 US |

DO NOT WRITE IN THIS SPACE

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0084612
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

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

U00000626811
02/15/07-80034-021 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DVPT |
| NAME | JEFFREY J. MCAULAY |
| STREET ADDRESS | 50 LOCUST AVENUE |
| CITY-ST-ZIP | NEW CANAAN, CT 06840 |
| TITLE | SGC |
| NAME | MARCHISOTTO, ALAN |
| STREET ADDRESS | 50 LOCUST AVENUE |
| CITY-ST-ZIP | NEW CANAAN, CT 06840 |
| TITLE | DVP |
| NAME | RICHARDS, BRUCE D |
| STREET ADDRESS | 50 LOCUST AVE |
| CITY-ST-ZIP | NEW CANAAN, CT 06840 |
| TITLE | DP |
| NAME | TREGURTHA, EDWARD J |
| STREET ADDRESS | 50 LOCUST AVE |
| CITY-ST-ZIP | NEW CANAAN, CT 06840 |
| TITLE | CAS |
| NAME | FLINK, GUSTAVE O |
| STREET ADDRESS | 50 LOCUST AVE |
| CITY-ST-ZIP | NEW CANAAN, CT 06840 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ 2/5/07 203 442-2846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ALAN MARCHISOTTO, Secretary