


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000039855</b> 1. Entity Name <b>SOS ROADSIDE ASSISTANCE, INC.</b>	
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Principal Place of Business <b>1401 2ND ST SARASOTA, FL 34236</b>	Mailing Address <b>46 N WASHINGTON BLVD #1 SARASOTA, FL 34236</b>
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02212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1004575</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  <b>LPS CORPORATE SERVICES, INC. 46 N WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236</b>
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**DO NOT WRITE  
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS WOOD, THOMAS A 1401 SECOND STREET SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT OGBURN, EDWARD W JR 1401 SECOND STREET SARASOTA, FL 34236</b>
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**U000000680091**  
**04/03/07-80065-003 158.75**

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IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-07** **841 955 5585**  
Date Daytime Phone #

**Thomas A. Wood, President**