


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000039855</b>	
1. Entity Name <b>SOS ROADSIDE ASSISTANCE, INC.</b>	

Principal Place of Business <b>1401 2ND ST SARASOTA, FL 34236</b>	Mailing Address <b>46 N WASHINGTON BLVD #1 SARASOTA, FL 34236</b>
--	--



03282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1004575</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LPS CORPORATE SERVICES, INC. 46 N WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

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  *Prasanna* **4-8-08**  
(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WOOD, THOMAS A 1401 SECOND STREET SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT OGBURN, EDWARD W JR 1401 SECOND STREET SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000897744 04/25/08-80060-017 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

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:  *Pras* **4-8-08 941-955-5585**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #