

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000039855

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** SOS ROADSIDE ASSISTANCE, INC.

**Current Principal Place of Business:**

1401 2ND ST  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

46 N WASHINGTON BLVD #1  
SARASOTA, FL 34236

**New Mailing Address:**

PO BOX 49015  
SARASOTA, FL 34230

**FEI Number:** 65-1004575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LPS CORPORATE SERVICES, INC.  
46 N WASHINGTON BLVD  
SUITE 1  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

THOMAS A. WOOD  
1401 SECOND ST  
SARASOTA, FL 34236 US

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:** THOMAS A WOOD

04/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** WOOD, THOMAS A  
**Address:** 1401 SECOND STREET  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** DVP  
**Name:** OGBURN, EDWARD W JR  
**Address:** 1401 SECOND STREET  
**City-St-Zip:** SARASOTA, FL 34236

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS A. WOOD

PRES

04/13/2011

Electronic Signature of Signing Officer or Director

Date