


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000026565
 1. Entity Name
NATIONAL TOWING & TIRE SERVICES, INC.



Principal Place of Business Mailing Address
490 COX ROAD **PO BOX 1621**
COCOA, FL 32926 **COCOA, FL 32923**



01232007 No Chg-P CR2E034 (11/05)

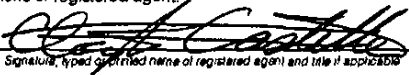
DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
01-0807001 Not Applicable

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

6. Name and Address of Current Registered Agent
CASTETTER, CLAYTON
490 COX RD
COCOA, FL 32926

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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASTETTER, CLAYTON
STREET ADDRESS	PO BOX 1621
CITY-ST-ZIP	COCOA, FL 32923
TITLE	VP
NAME	GRANSDEN, RICHARD
STREET ADDRESS	4501 PINE CONE PLACE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	S
NAME	GRANSDEN, RICHARD
STREET ADDRESS	4501 PINE CONE PLACE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	T
NAME	GRANSDEN, RICHARD
STREET ADDRESS	4501 PINE CONE PLACE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	CASTETTER, CLAYTON
STREET ADDRESS	PO BOX 1621
CITY-ST-ZIP	COCOA, FL 32923
TITLE	D
NAME	GRANSDEN, RICHARD
STREET ADDRESS	4501 PINE CONE PLACE
CITY-ST-ZIP	COCOA, FL 32926

DO NOT WRITE IN THIS SPACE

000000632449
 02/21/07-80022-012 150.00

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:  Date: **1-24-07** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR