

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90011 045 ***150.00

DOCUMENT # P04000026565 1. Entity Name NATIONAL TOWING & TIRE SERVICES, INC.					
Principal Place of Business 490 COX ROAD COCOA, FL 32926			Mailing Address PO BOX 1621 COCOA, FL 32923		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P O BOX 220			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Cocoa FL.		4. FEI Number 01-0807001	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 32923		Country FL		6. Name and Address of Current Registered Agent CASTETTER, CLAYTON 490 COX RD COCOA, FL 32926	
7. Name and Address of New Registered Agent		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTETTER, CLAYTON PO BOX 1621 COCOA, FL 32923	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P O BOX 220 COCOA, FL 32923-0220	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GRANSDEN, RICHARD 4501 PINE CONE PLACE COCOA, FL 32926	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRANSDEN, RICHARD 4501 PINE CONE PLACE COCOA, FL 32926	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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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: <u><i>Clayton Castetter</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/25/08 Date		
			(321) 639-3464 Daytime Phone #		