2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# P04000026565

Entity Name: NATIONAL TOWING & TIRE SERVICES, INC.

Current Principal Place of Business:

PO BOX 220
COCOA, FL 32923

New Principal Place of Business:

490 COX ROAD
COCOA, FL 32926

Current Mailing Address:

PO BOX 1621
COCOA, FL 32923

New Mailing Address:

PO BOX 220
COCOA, FL 32923

FEI Number: 01-0807001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTETTER, CLAYTON
490 COX RD
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CASTETTER, CLAYTON
Address: PO BOX 220
City-St-Zip: COCOA, FL 32923 US

Title: VP ( ) Delete
Name: GRANSDEN, RICHARD
Address: 4501 PINE CONE PLACE
City-St-Zip: COCOA, FL 32926 US

Title: S ( ) Delete
Name: GRANSDEN, RICHARD
Address: 4501 PINE CONE PLACE
City-St-Zip: COCOA, FL 32926 US

Title: T ( ) Delete
Name: GRANSDEN, RICHARD
Address: 4501 PINE CONE PLACE
City-St-Zip: COCOA, FL 32926 US

Title: D ( ) Delete
Name: CASTETTER, CLAYTON
Address: PO BOX 220
City-St-Zip: COCOA, FL 32923 US

Title: D ( ) Delete
Name: GRANSDEN, RICHARD
Address: 4501 PINE CONE PLACE
City-St-Zip: COCOA, FL 32926 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLAIRE A GAMBAO, EA, CFP EA 01/15/2009
Electronic Signature of Signing Officer or Director — Date