

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013073

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: TOW BOYS INC

## Current Principal Place of Business:

3242 E LAKE DRIVE  
FT PIERCE, FL 34982

## New Principal Place of Business:

6960 HERITAGE DR.  
PORT SAINT LUCIE, FL 34952

## Current Mailing Address:

3242 E LAKE DRIVE  
FT PIERCE, FL 34982

## New Mailing Address:

6960 HERITAGE DR.  
PORT SAINT LUCIE, FL 34952

FEI Number: 20-8330927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIRAN C HERNDON PA  
8418 S US HWY 1  
LAKES PLAZA  
PORT ST LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

BIRAN C HERNDON PA  
1971 SE PORT SAINT LUCIE BLVD.  
PORT ST LUCIE, FL 34952 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: \_\_\_\_\_

03/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WATTS, GENE  
Address: 3242 E LAKE DR  
City-St-Zip: FT PIERCE, FL 34982

Title: DS ( ) Delete  
Name: WATTS, ANGIE  
Address: 3242 E LAKE DR  
City-St-Zip: FT PIERCE, FL 34982

Title: VP (X) Delete  
Name: SULLIVAN, JOHN R  
Address: 3242 E. LAKE DR.  
City-St-Zip: FT. PIERCE, FL 34982

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: WATTS, GENE  
Address: 6960 HERITAGE DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DS (X) Change ( ) Addition  
Name: WATTS, ANGIE  
Address: 6960 HERITAGE DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: GENE WATTS

DP

03/26/2008

Electronic Signature of Signing Officer or Director

Date