

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000021141

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** TOW INSURANCE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

33920 U.S. HIGHWAY 19 NORTH  
SUITE 285  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

33920 U.S. HIGHWAY 19 NORTH  
SUITE 285  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 26-2070800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOW, MICHAEL T  
33920 U.S. HIGHWAY 19 NORTH  
SUITE 285  
PALM HARBOR, FL 34684 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

**OFFICERS AND DIRECTORS:**

Title: P, S  
Name: TOW, MICHAEL T  
Address: 320 ISLAND WAY #608  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VP,T  
Name: TOW, MATTHEW T  
Address: 2623 BARKSDALE COURT  
City-St-Zip: CLEARWATER, FL 33761

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: MATTHEW TOW

VP

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date