

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000106352

Entity Name: TOW PROS OF OCALA, INC

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

1914 N. MAGNOLIA AVE., SUITE B  
OCALA, FL 344759115

**New Principal Place of Business:**

1914 N. MAGNOLIA AVE. SUITE B  
OCALA, FL 344759115

**Current Mailing Address:**

1914 N. MAGNOLIA AVE., SUITE B  
OCALA, FL 344759115

**New Mailing Address:**

FEI Number: 26-3791054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GEE, CHAD  
1914 N. MAGNOLIA AVE., SUITE B  
OCALA, FL 344759115 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: PTD ( ) Delete  
Name: TAYLOR, CASSANDRA A  
Address: 1623 NE 16 AVE.  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CASSANDRA TAYLOR

PTD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date