


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000004002 1. Entity Name TOW-V-AIRE BRAKING, INC.	
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Principal Place of Business 275 LAKE FRANCIS ROAD LAKE PLACID, FL 33852	Mailing Address POST OFFICE BOX 1604 LAKE PLACID, FL 33862
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DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3420303	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OVERHULSER, WILLIAM T 275 LAKE FRANCIS RD LAKE PLACID, FL 33853
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVERHULSER, WILLIAM T 275 LAKE FRANCIS ROAD LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OVERHULSER, PHYLLIS RUTH 275 LAKE FRANCIS ROAD LAKE PLACID, FL 33852
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**DO NOT WRITE
IN THIS SPACE**

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: Phyllis Overhulser Phyllis OVERHULSER 3/22/07 863 465 4816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #