

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90285 026 \*\*\*150.00

<b>DOCUMENT # P98000073988</b>					
<b>1. Entity Name</b> TOWING WORLD CLERMONT, INC.					
<b>Principal Place of Business</b> 1262 COMMON COURT CLERMONT, FL 34711			<b>Mailing Address</b> 1262 COMMON COURT CLERMONT, FL 34711		
<b>2. Principal Place of Business</b> 945 WALKER ROAD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 945 WALKER ROAD Suite, Apt. #, etc.			
<b>City &amp; State</b> WILDWOOD, FL Zip 34785 Country SUMTER		<b>City &amp; State</b> WILDWOOD, FL Zip 34785 Country SUMTER		<b>4. FEI Number</b> 59-3527610	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SANCHEZ, JOHN 1262 COMMONS CT CLERMONT, FL 34711					
<b>7. Name and Address of New Registered Agent</b> Name: JOHN SANCHEZ Street Address (P.O. Box Number is Not Acceptable): 945 WALKER ROAD City: WILDWOOD FL Zip Code: 34785					
<b>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.</b> SIGNATURE:  JOHN A. SANCHEZ, PRES. DATE: 4/28/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PS <b>NAME</b> SANCHEZ, JOHN <b>STREET ADDRESS</b> 1262 COMMON COURT <b>CITY-ST-ZIP</b> CLERMONT, FL 34711	<input type="checkbox"/> Delete		<b>TITLE</b> [Change] <input checked="" type="checkbox"/> <input type="checkbox"/> Addition <b>NAME</b> [Change] <input checked="" type="checkbox"/> <input type="checkbox"/> Addition <b>STREET ADDRESS</b> 945 WALKER ROAD <b>CITY-ST-ZIP</b> WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> RODRIGUEZ, BONNIE <b>STREET ADDRESS</b> 1262 COMMON COURT <b>CITY-ST-ZIP</b> CLERMONT, FL 34711	<input type="checkbox"/> Delete		<b>TITLE</b> [Change] <input checked="" type="checkbox"/> <input type="checkbox"/> Addition <b>NAME</b> [Change] <input checked="" type="checkbox"/> <input type="checkbox"/> Addition <b>STREET ADDRESS</b> 945 WALKER ROAD <b>CITY-ST-ZIP</b> WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> MCCABE, KIMBERLY <b>STREET ADDRESS</b> 1262 COMMON COURT <b>CITY-ST-ZIP</b> CLERMONT, FL 34711	<input type="checkbox"/> Delete		<b>TITLE</b> [Change] <input checked="" type="checkbox"/> <input type="checkbox"/> Addition <b>NAME</b> [Change] <input checked="" type="checkbox"/> <input type="checkbox"/> Addition <b>STREET ADDRESS</b> 945 WALKER ROAD <b>CITY-ST-ZIP</b> WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> [Change] <input type="checkbox"/> <input type="checkbox"/> Addition <b>NAME</b> [Change] <input type="checkbox"/> <input type="checkbox"/> Addition <b>STREET ADDRESS</b> [Change] <input type="checkbox"/> <input type="checkbox"/> Addition <b>CITY-ST-ZIP</b> [Change] <input type="checkbox"/> <input type="checkbox"/> Addition	<input type="checkbox"/> Delete		<b>TITLE</b> [Change] <input type="checkbox"/> <input type="checkbox"/> Addition <b>NAME</b> [Change] <input type="checkbox"/> <input type="checkbox"/> Addition <b>STREET ADDRESS</b> [Change] <input type="checkbox"/> <input type="checkbox"/> Addition <b>CITY-ST-ZIP</b> [Change] <input type="checkbox"/> <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> JOHN A. SANCHEZ DATE: 4/28/06 352-748-2388 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					