


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000073988</b> 1. Entity Name <b>TOWING WORLD CLERMONT, INC.</b>	
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Principal Place of Business <b>945 WALKER RD WILDWOOD, FL 34785</b>	Mailing Address <b>945 WALKER RD WILDWOOD, FL 34785</b>
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**DO NOT WRITE IN THIS SPACE**

02042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3527610</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, JOHN  
945 WALKER RD  
WILDWOOD, FL 34785**

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SANCHEZ, JOHN 945 WALKER RD WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, BONNIE 945 WALKER RD WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, KIMBERLY 945 WALKER RD WILDWOOD, FL 34785
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04/06/07-80051-001 150.00

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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:  **KIMBERLY MCCABE** **3/27/07** **352-748-2388**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #