

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000073988

1. Entity Name
TOWING WORLD CLERMONT, INC.



Principal Place of Business
**945 WALKER RD
WILDWOOD, FL 34785**

Mailing Address
**945 WALKER RD
WILDWOOD, FL 34785**



02032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3527610

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	SANCHEZ, JOHN
STREET ADDRESS	945 WALKER RD
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	VP
NAME	RODRIGUEZ, BONNIE
STREET ADDRESS	945 WALKER RD
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	T
NAME	MCCABE, KIMBERLY
STREET ADDRESS	945 WALKER RD
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000856456
03/28/08-80012-024 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBERLY MCCABE

3/9/08

Date

352-409-2210

Daytime Phone #