

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000025610

1. Entity Name
PERFORMANCE TOWING, INC., OF ORLANDO



Principal Place of Business

**845 N. MILLS AVE.
ORLANDO, FL 32803**

Mailing Address

**845 N MILLS AVE.
ORLANDO, FL 32803**



08072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3567521

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOURNIER, ROBERT
845 N. MILLS AVE.
ORLANDO, FL 32803**

**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]
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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOURNIER, ELAINE
STREET ADDRESS	845 N. MILLS AVE.
CITY-STATE-ZIP	ORLANDO, FL 32803
TITLE	VP
NAME	FOURNIER, ROBERT
STREET ADDRESS	845 N. MILLS AVE.
CITY-STATE-ZIP	ORLANDO, FL 32803
TITLE	S
NAME	FOURNIER, ROBERT A JR
STREET ADDRESS	845 N MILLS AVE
CITY-STATE-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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09/13/06-80003-014 150.00

**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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/06
Date

Daytime Phone #