

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025610

FILED
Apr 30, 2009
Secretary of State

Entity Name: PERFORMANCE TOWING, INC., OF ORLANDO

Current Principal Place of Business:

845 N. MILLS AVE.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

845 N MILLS AVE.
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3567521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOURNIER, ELAINE
Address: 845 N. MILLS AVE.
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: FOURNIER, ROBERT
Address: 845 N. MILLS AVE.
City-St-Zip: ORLANDO, FL 32803

Title: S () Delete
Name: FOURNIER, ROBERT A JR
Address: 845 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE FOURINER

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date