


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90027 009 ***150.00

DOCUMENT # V23283 1. Entity Name TOWLES CORP OF SW FLORIDA					
Principal Place of Business 2705 S. TAMiami TRL SUITE 411 PUNTA GORDA, FL 33950			Mailing Address 2705 S. TAMiami TRL SUITE 411 PUNTA GORDA, FL 33950		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. Suite 312			Suite, Apt. #, etc. Suite 312		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01242008 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0322632				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOWLES, KEITH B 2705 TAMiami TRL #411 PUNTA GORDA, FL 33950			Name Street Address (P.O. Box Number is Not Acceptable) Suite 312 City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP TOWLES, KEITH B 4900 RIVERSIDE DR PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHALSKI, AMY L 3900 TAYLOR RD PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <u>Keith B. Towles</u> Keith B. Towles 1-29-8 (941) 575-1515					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					