


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED FILED
Feb 13, 2006 08:00 AM
RECEIVED JAN 24 2006
Secretary of State

DOCUMENT # J08162

1. Entity Name
PARKER'S TIRE SERVICE & AUTO CARE, INC.



Principal Place of Business Mailing Address

**% JOE INGRAO
3000 N.W. PINE AVE.
OCALA FL 34475**

**% JOE INGRAO
3000 N.W. PINE AVE.
OCALA FL 34475**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For / Not Applied

59-2654431

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

6. Name and Address of Current Registered Agent

**WOOD, KEVIN
3000 N.W. PINE AVE.
OCALA FL 34475**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WOOD, KEVIN	
STREET ADDRESS	3000 N.W. PINE AVE.	
CITY - ST - ZIP	OCALA FL 34475	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOOD, KEVIN	
STREET ADDRESS	3000 NW PINE AVE	
CITY - ST - ZIP	OCALA FL 34475	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOOD, KEVIN	
STREET ADDRESS	3000 NW PINE AVE	
CITY - ST - ZIP	OCALA FL 34475	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000431064 Change Add
02/23/06-80014-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kevin Wood 2/9/2006 352-732-0786