

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J51827**

1. Entity Name  
**JERRY TIRE & AUTO SERVICE, INC.**



Principal Place of Business  
**16856 SAN CARLOS BLVD.  
FT. MYERS, FL 33908**

Mailing Address  
**16856 SAN CARLOS BLVD.  
FT. MYERS, FL 33908**



02102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2753694**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILKINS, GERALD R.  
16856 SAN CARLOS BLVD.  
FT. MYERS, FL 33908**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILKINS, GERALD R.
STREET ADDRESS	10566 BONAIRE CIRCLE
CITY-ST-ZIP	FORT MYERS, FL
TITLE	ST
NAME	WILKINS, VIRGINIA
STREET ADDRESS	15066 BONAIRE CIRCLE
CITY-ST-ZIP	FT. MYERS, FL
TITLE	V
NAME	MERCER, WARREN
STREET ADDRESS	1044 APRIL LANE
CITY-ST-ZIP	FT. MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000519478  
05/02/06-80055-015 150.00

**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

Date

Daytime Phone