


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90035 015 \*\*\*158.75

**DOCUMENT # P95000005300**  
 1. Entity Name  
**IZZY'S TIRE SALES, INC.**



Principal Place of Business: **10173 HIGHWAY 441 NORTH OKEECHOBEE FL 34972**  
 Mailing Address: **10173 HIGHWAY 441 NORTH OKEECHOBEE FL 34972**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

4. FEI Number: **65-0554951**  
 Applied For:  Not Applicable:

Zip: Country

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

6. Name and Address of Current Registered Agent  
**IZZO, ANGELO**  
**10173 HIGHWAY 441 NORTH**  
**OKEECHOBEE FL 34972**

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 reinstating) 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 Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	IZZO, ANGELO	
STREET ADDRESS	10173 HIGHWAY 441 NORTH	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	STD	<input type="checkbox"/> Delete
NAME	IZZO, DEBBIE	
STREET ADDRESS	10173 HIGHWAY 441 NORTH	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COSTOPOULOUS, MIKE	
STREET ADDRESS	10173 HIGHWAY 441 NORTH	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **1-27-06** **8634678600**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #