


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90098 047 ***150.00

DOCUMENT # 335566
 1. Entity Name
BOBO'S TIRE SERVICE, INC.



Principal Place of Business
 4504 W. 17-92
 HAINES CITY, FL 33844

Mailing Address
 4504 W. 17-92
 HAINES CITY, FL 33844

40004263



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01172007 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number
59-1263974

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

BOBO, AVA, NELL
1024 SURRY ST
HAINES CITY, FL 33844

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	BOBO, AVA, NELL	
STREET ADDRESS	1024 SURRY ST	
CITY-ST-ZIP	HAINES CITY, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOBO, DAVID	
STREET ADDRESS	1021 SURRY ST.	
CITY-ST-ZIP	HAINES CITY, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOBO, KENNETH	
STREET ADDRESS	1024 SURRY ST	
CITY-ST-ZIP	HAINES CITY, FL	
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
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 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: David Bobo David Bobo 1/18/07 863-422-5548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #