

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90031 038 \*\*\*158.75

**DOCUMENT # 357230**

1. Entity Name  
**ECONOMY TIRE SALES, INC.**



Principal Place of Business  
**820 25TH STREET, BAY 3  
WEST PALM BEACH, FL 33407**

Mailing Address  
**820 25TH STREET, BAY 3  
WEST PALM BEACH, FL 33407**

**00040001**



2. Principal Place of Business - No P.O. Box #  
**900 25th Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**696 Third Street**  
Suite, Apt. #, etc.

03142007 Chg-P CR2E034 (12/06)

City & State  
**West Palm Beach, FL**  
Zip **33407** Country **USA**

City & State  
**Macon GA**  
Zip **31201** Country **USA**

4. FEI Number  
**59-1313770**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEFHOLZ, RICHARD A.  
820 20TH ST.  
WEST PALM BEACH, FL 33407**

**7. Name and Address of New Registered Agent**

Name **Lefholz, Richard A**  
Street Address (P.O. Box Number is Not Acceptable)  
**900 25th Street**  
City **West Palm Beach FL** Zip Code **33407**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD LEFHOLZ, RICHARD A 1209 MARLOWE DRIVE MACON, GA 31210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD LETHOLZ, RICHARD A 1209 MARLOWE DRIVE MACON, GA 31210	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Lefholz, Richard A 177 Stewart Farm Road Gray GA 31032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD Lefholz, Richard A 177 Stewart Farm Road Gray, GA 31032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #