2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 390333

1. Entity Name
V & C TIRE & AUTO CENTER, INC.

Principal Place of Business
319 EAST BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33435

Mailing Address
319 EAST BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33435

04172006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1365345
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VIOLETTE, FREDERICK J
319 E. BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33435

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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 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	PD
NAME	VIOLETTE,FREDERICK J.
STREET ADDRESS	319 E BOYNTON BCH RD
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	VSTD
NAME	VIOLETTE, KATHLEEN C
STREET ADDRESS	319 E BOYNTON BCH BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kathleen C. Violette (Kathleen C. Violette) 04-17-06 (561)964-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #