

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90048 003 \*\*\*150.00

**DOCUMENT # 499829**

1. Entity Name:

**JIM WELLS TIRE CENTER, INC.**



Principal Place of Business

**1853 THOMASVILLE RD.  
TALLAHASSEE FL 32303-5709**

Mailing Address

**1853 THOMASVILLE RD.  
TALLAHASSEE FL 32303-5709**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **59-1659057**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLS, JIMMY E  
1853 THOMASVILLE RD  
TALLAHASSEE FL 32303**

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete  
NAME **WELLS, JIMMY E**  
STREET ADDRESS **1853 THOMASVILLE RD**  
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Tim Pridgeon**  
STREET ADDRESS **4216 Ben Blvd.**  
CITY-ST-ZIP **Tallahassee, FL.**

TITLE **PDS** ☐ Delete  
NAME **WELLS, JIMMY E**  
STREET ADDRESS **1853 THOMASVILLE RD**  
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE **VP** ☐ Change ☒ Addition  
NAME **MARK Crawford**  
STREET ADDRESS **440 MERLIN Way**  
CITY-ST-ZIP **Tallahassee, FL.**

TITLE **ST** ☐ Delete  
NAME **WELLS, ALMA L**  
STREET ADDRESS **1853 THOMASVILLE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AST** ☐ Delete  
NAME **CRAWFORD, DAWN L**  
STREET ADDRESS **1853 THOMASVILLE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/06** **850-222-5305**  
Date Daytime Phone #