

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 499829

FILED
Jan 26, 2009
Secretary of State

Entity Name: JIM WELLS TIRE CENTER, INC.

Current Principal Place of Business:

1853 THOMASVILLE RD.
TALLAHASSEE, FL 323035709

New Principal Place of Business:

Current Mailing Address:

1853 THOMASVILLE RD.
TALLAHASSEE, FL 323035709

New Mailing Address:

FEI Number: 59-1659057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WELLS, JIMMY E,
Address: 1853 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 00000,

Title: PDS () Delete
Name: WELLS, JIMMY E,
Address: 1853 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 00000,

Title: ST () Delete
Name: WELLS, ALMA L
Address: 1853 THOMASVILLE RD.
City-St-Zip: TALLAHASSEE, FL

Title: AST () Delete
Name: CRAWFORD, DAWN L
Address: 1853 THOMASVILLE RD.
City-St-Zip: TALLAHASSEE, FL

Title: VP () Delete
Name: PRIDGEON, TIM
Address: 4216 BEN BLVD
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP () Delete
Name: CRAWFORD, MARK
Address: 440 MERLIN WAY
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMY E. WELLS

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date