

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

| | | | |
|---|--|---|--|
| DOCUMENT # 515571 1. Entity Name MID-COAST TIRE SERVICE, INC. | |  | |
| Principal Place of Business 870 US #1 VERO BEACH, FL 32960 | | Mailing Address 870 US #1 VERO BEACH, FL 32960 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01042008 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 59-1690975 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BEVARD, RUSSELL 870 U.S. #1 VERO BEACH, FL 32960 | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1110000452486 03/11/06-80028-019 150.00 |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RUSSELL BEVARD 4010 12TH PL SW VERO BEACH, FL 32960 | | |
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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 or without like empowered. | | | |
| SIGNATURE:  | | Date _____ Daytime Phone # _____ | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |