


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 592942</b>	
1. Entity Name <b>DAVIDSON'S TIRE TOWN, INC.</b>	

Principal Place of Business <b>580 S WICKHAM ROAD MELBOURNE FL 32904 US</b>	Mailing Address <b>580 S WICKHAM ROAD MELBOURNE FL 32904 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-1872006</b>	Applied For <input type="checkbox"/> Not Applicable														
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required														
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2" rowspan="4"> <b>DAVIDSON, BILLY M VP 5170 WILD CINNAMON DR W MELBOURNE FL 32940</b> </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2">State <b>FL</b> Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		<b>DAVIDSON, BILLY M VP 5170 WILD CINNAMON DR W MELBOURNE FL 32940</b>		Name		Street Address (P.O. Box Number is Not Acceptable)		City		State <b>FL</b> Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent													
<b>DAVIDSON, BILLY M VP 5170 WILD CINNAMON DR W MELBOURNE FL 32940</b>		Name													
		Street Address (P.O. Box Number is Not Acceptable)													
		City													
		State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD DAVIDSON, BILLY M. 5170 WILD CINNAMON DRIVE MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000632236 02/21/07-80013-020 150.00</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD DAVIDSON, MICHAEL W. 635 FIRESTONE ST NE PALM BAY FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DAVIDSON, EVELYN F. 5170 WILD CINNAMON DR MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BLAIR, JOHN A 1335 DANFORTH ST SW PALM BAY FL 32908 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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:**  **MICHAEL W. DAVIDSON** 1-31-07 321-724-0240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #