2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	7,11114728 1.			7 A 22 04 2006 00.00 AM
DOCU 1. Entity Nam	MENT # 696136			Apr 04, 2006 08:00 AM Secretary of State
FLEISSNI	ER TIRE OF BRADENTON, I	NC.		<del>{</del>
Principal Place of Business		Mailing Address		
901 8 AVE W BRADENTON FL 34205		901 8 AVE W BRADENTON FL 34205		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-2003646 Applied F
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent
GRAY, JAMES P			Name	
901	8TH AVE WEST ADENTON FL 34205		Street Address	s (P.O. Box Number is Not Acceptable)
ייים	ADENTONTIC CHECO			
			Слу	FL Zip Code
	named entity submits this statement fi tions of registered agent.	or the purpose of changing its reg	gistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and ac
.SIGNATURE	Бариация: Зурью и ризлед нать об герывает арек	those po	g-storen Agent signature revjus	red when regulation DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0	100 100 100 100 100 100 100 100 100 100		9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution.
	k Payable to Florida Department of			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DILE	OFFICERS AND	Delete	TITLE	ADDITIONS/CRANGES TO OFFICEING AND DIRECTORS IN FI
NAME	FLEISSNER, DONALD J		NAME	U00000491368
	3711 KINGSTON BLVD.		STREET ADDRESS CITY-ST-ZIP	04/19/06-80019-015 150. <b>0</b> 0
ENTY-SI-ZIP TITLE	SARASOTA FL	☐ Defete	TITLE	Change
NAME	FLEISSNER, GAYLE M	□ Delete	NAME	
STREET ADDRESS CITY-ST-ZIP	3711 KINGSTON BLVD. SARASOTA FL		STREET AODRESS CITY+ST-ZIP	
Intl	DV	Delete	TITLE	☐ Change ☐ A
NAME STREET ADDRESS	GRAY, JAMES P	·	NAME STRLET ADDRESS	•
CHTY-ST-ZIP	BRADENTON, FL 00000	:	CITY-S7-ZIP	
7171.6		☐ Delete	THILE	☐ Change ☐ A
NAME STREET ADDRESS			NAME STREET ADDRESS	
City-SI-ZIP			CHY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 2-
NAMC STREET ADDRESS		·	NAME STREET ADDRESS	
CITY-ST-ZIP	}		CITY-ST-ZIP	
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STREL1 ADDRESS CITY-TT-ZIP	}		CITY-ST- AP	
	<del></del>			· · · · · · · · · · · · · · · · · · ·

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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

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**FILED**