2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2006 08:00 AM DOCUMENT # 839837 **Secretary of State** 1. Entity Name DANZEY OIL AND TIRE COMPANY Principal Place of Business Mailing Address 1021 N BELL ST PO BOX 1646 DOTHAN AL 36303 US DOTHAN AL 36302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 63-0387060 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . Name BRYAN, W.W. Street Address (P.O. Box Number is Not Acceptable) 1217 COTTON ST **GRACEVILLE FL 32440** City Zio 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, typed or printed name of registered agont and little if applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BUNTIN, KATHERINE K. NAME STREET ADDRESS 3402 BROOKSIDE DR STREET ADDRESS CITY-ST-ZIP DOTHAN AL CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME KENNEDY, BENNIE D STREET ADDRESS 106 MARTHA AVE STREET ADDRESS CITY-ST-ZIP DOTHAN AL CITY - ST- ZIP TITLE ۷P ☐ Delete ☐ Change Addin NAME BUNTIN, THOMAS E III MAKIF STREET ADDRESS STREET ADDRESS 3402 BROOKSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP DOTHAN AL TITLE SD Delete Change Addition NAME KENNEDY, BENNIE D. MAME STREET ADDRESS 106 MARTHA AVE STREET ADDRESS CITY-ST-ZIP DOTHAN AL CITY - ST- ZIP une Delete THE ☐ Change Adding NAME NAME STREET ADDRESS STREET ADDRESS EITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change □ Additi NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06

(334) 792 415

FILED