

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000003397

1. Entity Name  
AM-PAC TIRE DIST. INC.



Principal Place of Business  
9960 N. PALOFOX  
PENSACOLA, FL 32534

Mailing Address  
51 MORELAND RD  
SIMI VALLEY, CA 93065



03032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
95-4709076

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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

*Andrew T. [Signature]*

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/13/06  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPCE
NAME	MANGOLA, DENNIS
STREET ADDRESS	51 MORELAND ROAD
CITY-ST-ZIP	SIMI VALLEY, CA 93065
TITLE	SCFO
NAME	SMITH, RICHARD W
STREET ADDRESS	51 MORELAND ROAD
CITY-ST-ZIP	SIMI VALLEY, CA 930651662
TITLE	V
NAME	ROBINSON, RICHARD E
STREET ADDRESS	51 MORELAND ROAD
CITY-ST-ZIP	SIMI VALLEY, CA 930651662
TITLE	DC
NAME	TANASHIMA, TORU
STREET ADDRESS	51 MORELAND RD
CITY-ST-ZIP	BIRMINGHAM, AL 35303
TITLE	V
NAME	ABERNETHY, RICHARD
STREET ADDRESS	917 6TH AVE.
CITY-ST-ZIP	BIRMINGHAM, AL 35303
TITLE	V
NAME	ABERNETHY, JOHN P
STREET ADDRESS	917 6TH AVE.
CITY-ST-ZIP	BIRMINGHAM, AL 35303

U00000468025  
03/24/06-80014-022 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Declarer Print: \*

3/13/06

POS-581-1311