


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90076 004 ***150.00

DOCUMENT # F51628					
1. Entity Name CLYDE'S TIRE & BRAKE, INC.					
Principal Place of Business 207 N TEMPLE AVE STARKE, FL 32091 US			Mailing Address 7117 NW 214TH ST ALACHUA, FL 32615 US		
2. Principal Place of Business - No P.O. Box # 15050 NE 301		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Waldo FL		City & State		4. FEI Number 59-2134335	
Zip 32694		Country US		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 CLYDE, WHALEY 207 N TEMPLE AVENUE STARKE, FL 32091			7. Name and Address of New Registered Agent Name Clyde Whaley Street Address (P.O. Box Number is Not Acceptable) 15050 NE 301 City Waldo FL Zip Code 32694		
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 <i>Clyde Whaley</i> Clyde Whaley, President DATE 4/18/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP WHALEY, CLYDE 7117 NW 214TH ST ALACHUA, FL	<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	
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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 all other like empowered.					
SIGNATURE: <i>Clyde Whaley</i> Clyde Whaley, President		DATE 4/18/07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



04302007 Chg-P CR2E034 (12/06)