

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000001494 1. Entity Name KAUFFMAN TIRE, INC.	
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Principal Place of Business 2409 E2ND AVE TAMPA, FL 33605 US	Mailing Address 2832 ANVIL BLOCK RD. ELLENWOOD, GA 30294
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07112006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1247005	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MUTASCIO, JIM 2409 E. 2ND AVE. TAMPA, FL 33605	DO NOT WRITE IN THIS SPACE
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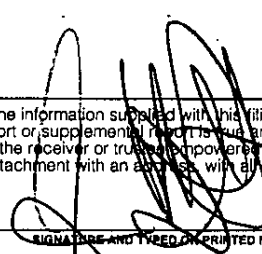
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Jim Mutascio	DATE 7-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFFMAN, JOHN 2832 ANVIL BLOCK RD. ELLENWOOD, GA 30294
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAUFFMAN, MARK 2832 ANVIL BLOCK RD. ELLENWOOD, GA 30294
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/05/06-80006-012 550.00

**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 affidavit, with all other lines empowered.	
SIGNATURE:  John Kauffman	Date 8-29-2006 Daytime Phone # 404-762-4944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	