


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90055 033 ***150.00

DOCUMENT # H52951 1. Entity Name VANNOY'S TIRES, INC.					
Principal Place of Business % JAMES CHARLES VANNOY 1249 WARRINGTON RD. PENSACOLA, FL 32506			Mailing Address C/O JAMES CHARLES VANNOY 1249 WARRINGTON ROAD PENSACOLA, FL 32506 US		
2. Principal Place of Business - No P.O. Box # 2252 W Michigan Ave		3. Mailing Address 2252 W Michigan Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 59-2522466	
Zip 32526		Country Escambia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANNOY, JAMES CHARLES 1249 WARRINGTON RD. PENSACOLA, FL 32526		7. Name and Address of New Registered Agent Name Jeffrey C Vannoy Street Address (P.O. Box Number is Not Acceptable) 6113 N Nineth Ave City Pensacola FL Zip Code 32504			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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 P	VANNOY, JAMES CHARLES <input checked="" type="checkbox"/> Delete		TITLE President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Jeffrey C Vannoy	
NAME 20073 ERIN POND RD WEST	SEMINOLE, AL		NAME 6113 N Nineth Ave	Pensacola, FL 32504	
STREET ADDRESS SEMINOLE, AL	ST <input type="checkbox"/> Delete		STREET ADDRESS 4641 WILDE LAKE BLVD	PENSACOLA, FL 32526	
CITY-ST-ZIP PENSACOLA, FL 32526	ST <input type="checkbox"/> Delete		CITY-ST-ZIP PENSACOLA, FL 32526	PENSACOLA, FL 32526	
TITLE VANNOY, GORDON F <input type="checkbox"/> Delete	4641 WILDE LAKE BLVD		TITLE PENSACOLA, FL 32526	PENSACOLA, FL 32526	
NAME PENSACOLA, FL 32526	4641 WILDE LAKE BLVD		NAME PENSACOLA, FL 32526	PENSACOLA, FL 32526	
STREET ADDRESS PENSACOLA, FL 32526	4641 WILDE LAKE BLVD		STREET ADDRESS PENSACOLA, FL 32526	PENSACOLA, FL 32526	
CITY-ST-ZIP PENSACOLA, FL 32526	4641 WILDE LAKE BLVD		CITY-ST-ZIP PENSACOLA, FL 32526	PENSACOLA, FL 32526	
TITLE PENSACOLA, FL 32526	4641 WILDE LAKE BLVD		TITLE PENSACOLA, FL 32526	PENSACOLA, FL 32526	
NAME PENSACOLA, FL 32526	4641 WILDE LAKE BLVD		NAME PENSACOLA, FL 32526	PENSACOLA, FL 32526	
STREET ADDRESS PENSACOLA, FL 32526	4641 WILDE LAKE BLVD		STREET ADDRESS PENSACOLA, FL 32526	PENSACOLA, FL 32526	
CITY-ST-ZIP PENSACOLA, FL 32526	4641 WILDE LAKE BLVD		CITY-ST-ZIP PENSACOLA, FL 32526	PENSACOLA, FL 32526	
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>Gordon F Vannoy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			x4-4-07 850-944-1163 <small>Date Daytime Phone #</small>		

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03282007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2522466 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name
Jeffrey C Vannoy
Street Address (P.O. Box Number is Not Acceptable)
6113 N Nineth Ave
City
Pensacola FL Zip Code 32504

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VANNOY, JAMES CHARLES	
STREET ADDRESS	20073 ERIN POND RD WEST	
CITY-ST-ZIP	SEMINOLE, AL	

TITLE	ST	<input type="checkbox"/> Delete
NAME	VANNOY, GORDON F	
STREET ADDRESS	4641 WILDE LAKE BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32526	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey C Vannoy	
STREET ADDRESS	6113 N Nineth Ave	
CITY-ST-ZIP	Pensacola, FL 32504	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gordon F Vannoy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x4-4-07 850-944-1163
Date Daytime Phone #