

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # H59254

1. Entity Name
DUMAS TIRES INC.



Principal Place of Business
17324 HWY 41 N.
LUTZ, FL 33549

Mailing Address
17324 HWY 41 N.
LUTZ, FL 33549



DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2537382

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUMAS, ROY D
17324 HWY 41 N
LUTZ, FL 33549-1569

**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: Roy D. Dumas Roy D Dumas Pres 1/10/06
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, 2006 Fee will be \$550.00

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

UN00000362853
01/12/06-80031-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
DUMAS, ROY D
STREET ADDRESS
23810 FORESTVIEW DR
CITY-ST-ZIP
LAND O LAKES, FL 34639

TITLE
NAME
DUMAS, ROY L
STREET ADDRESS
4954 CANTERBURY DR
CITY-ST-ZIP
LAND O LAKES, FL 34639

TITLE
NAME
DUMAS, KATHLEEN
STREET ADDRESS
4954 CANTERBURY DR
CITY-ST-ZIP
LAND O LAKES, FL 34639

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: Kathleen Dumas Kathleen Dumas T/S 1/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #