2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J21506

1. Entity Name



FILED May 08, 2006 08:00 A Secretary of State

TAYLOR TIRE AND SERVICE CENTER, INC.						·	
Principal Place of Business		Mailing Address					
4029 LITTLE RD. NEW PORT RICHEY FL 34653 US		4029 LITTLE RD. NEW PORT RICHEY FL 34653 US					
2. Principal Place of Business		3. Mailing Address					
Suite. Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)			
City & State		City & State		4. FEI Number 59-2688788 Applied For Not Applicable			
Zip	Country	Zıp	Country	5. Certificate of	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and A	d Address of New Registered Agent		
				Name			
TAYLOR, MARK C. 4029 LITTLE ROAD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
NEV	V PORT RICHEY FL 34653						
			City		FL Zip Code		
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							
SIGNATORE:	Signature, typed or printed name of registered agent	ared when reinstating)	DATE				
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 Payable to Florida Department of			g	Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFICERS AND DI	RECTORS I	N 11
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	P TAYLOR, MARK C. 4029 LITTLE ROAD NEW PORT RICHEY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	ST TAYLOR, STEVEN M. 4029 LITTLE ROAD NEW PORT RICHEY FL	☐ Delete	TITLE NAME STREET ADDRESS • CITY-ST-ZIP	Ĺ	U00000563617 05/20/06-80019-009		☐ Addition
TITLE NAME STREET ADDRESS CIFY-ST-ZIP		. Delote	TITLE NAME STREET ADDRESS CITY-SI-ZIP	,,	. [] Change	Addition

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 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.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

NAME

THLE NAME

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