

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90017 001 ***150.00

DOCUMENT # J50217

1. Entity Name
DIRECT SALES TIRE CO., INC.



Principal Place of Business *Dr. W* Mailing Address
4861 LOUISA TERR. *3914 Demery* C/O 3914 DEMERY DR
JACKSONVILLE, FL 32205 *JACK FL* JACKSONVILLE, FL 32250
32250



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2757659	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

VENUS, SHEILA *Bahram Venus*
3914 DEMERY DR W
JACKSONVILLE BEACH, FL 32250

**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 *Bahram Venus* *Bahram VENUS* PD *5/20/06*
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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	SD VENUS, SHEILA 3914 DEMERY DR. W. JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY ST ZIP	PD VENUS, BAHRAM 3914 DEMERY DR W JACKSONVILLE BEACH, FL 32250
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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: *Bahram Venus* *5/20/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bahram VENUS PD