

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90152 021 \*\*\*150.00

**DOCUMENT # K48083**

1. Entity Name  
**LEE ROAD TIRE CENTER, INC.**



Principal Place of Business

**C/O LARRY LOTT  
1325 LEE ROAD  
ORLANDO, FL 32810**

Mailing Address

**C/O LARRY LOTT  
1325 LEE ROAD  
ORLANDO, FL 32810**

**50009056**



2. Principal Place of Business

3. Mailing Address

04012006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2919822**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LOTT LARRY  
6 TAPPAN ZEE LN  
LONGWOOD, FL 32350**

7. Name and Address of New Registered Agent

Name **Lott Larry**  
Street Address (P.O. Box Number is Not Acceptable)  
**1112 S. Riverside Dr**  
City **New Smyrna Beach** FL Zip Code **32168**

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 reappointing)

DATE

**Larry Lott** **4-3-06**

**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	P	<input type="checkbox"/> Delete
NAME	LOTT, LARRY M	
STREET ADDRESS	6 TAPPAN ZEE LN	
CITY-ST-ZIP	LONGWOOD, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOTT, ROGER W	
STREET ADDRESS	1364 S RIDGELANE CIR	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	TS	<input type="checkbox"/> Delete
NAME	LOTT, SUSAN A	
STREET ADDRESS	6 TAPPAN ZEE LANE	
CITY-ST-ZIP	LONGWOOD, FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry M. Lott	
STREET ADDRESS	1112 S. Riverside Dr	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lott, Susan A.	
STREET ADDRESS	1112 S. Riverside Dr	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Larry Lott** **4-3-06**