

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L33161

FILED
Feb 27, 2007
Secretary of State

Entity Name: BARRON'S WHOLESALE TIRE, INC.

Current Principal Place of Business:

1302 EASTPORT RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

1302 EASTPORT RD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-2983975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRON, DAVID S
1302 EASTPORT RD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BARRON, DAVID S.,
Address: 6656 RAMOTH DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: V () Delete
Name: BARRON, RICHARD J
Address: 6940 RIVERCREST DR
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: BARRON, DAVID S.,
Address: 4420 CATHEYS CLUB LANE
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID S. BARRON

PS

02/27/2007

Electronic Signature of Signing Officer or Director

_____ Date