

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L82973

1. Entity Name

QUICK FIX TIRES, INC.



Principal Place of Business

18775 CORTEZ BLVD.
BROOKSVILLE FL 34601
US

Mailing Address

18775 CORTEZ BLVD.
BROOKSVILLE FL 34601
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3024167

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGSTEN, SHARON J
4318 SOUTH FLORIDA AVENUE
INVERNESS FL 34450

Name

Street Address (P O Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000403402
02/06/06-80005-018 150.00

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	GOODMAN, NORMAN L	
STREET ADDRESS	18775 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOODMAN, NORMAN E	
STREET ADDRESS	18775 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOODMAN, RANDY J.	
STREET ADDRESS	18775 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOODMAN, ISABELL	
STREET ADDRESS	18775 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
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		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06 352-799-81
Date Daytime Phone #