2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M71386

1. Entity Name
SAFETY TIRE AUTO SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
1833 49TH STREET, SOUTH GULFPORT, FL 33707	1833 49TH STREET, SOUTH GULFPORT, FL 33707

DO NOT WRITE IN THIS SPACE

01152006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2876132	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRUNDON, JOHN A.
1833 49TH ST., SOUTH
GULFPORT, FL 33707

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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: _John A Grundon Pres_

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

U00000391277
01/24/06-80035-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRUNDON, JOHN A.
STREET ADDRESS	1833 49TH ST., S.
CITY-ST-ZIP	GULFPORT, FL
TITLE	STD
NAME	GRUNDON, CAROL J.
STREET ADDRESS	1833 49TH ST., S.
CITY-ST-ZIP	GULFPORT, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____   1/17/06   727-321-1131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #