

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M77070

1. Entity Name
SCOTTS TIRE & SERVICE CENTER, INC.



Principal Place of Business

**1889 SW BILTMORE ST
PORT S. LUCIE, FL 34984**

Mailing Address

**1889 SW BILTMORE ST
PORT S. LUCIE, FL 34984**

DO NOT WRITE IN THIS SPACE



01212006 No Chg-P CRZE034 (11/05)

4. FEI Number
65-0048822

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOWELL, GREGORY SCOTT
1889 SW BILTMORE ST.
PORT ST. LUCIE, FL 34984**

**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

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**

U000000411398
02/10/06-80005-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWELL, GREGORY S. (CHM) 806 SE PORTAGE AVE PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOWELL, LINETTE YVONNE 806 SE PORTAGE AVE PORT ST. LUCIE, FL
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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:

Scott Howell **Scott Howell (Pres.) 1-26-06 772-340-040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debiting Phone #