


FILED
Feb 23, 2007 8:00 am
Secretary of State

02-01-2007 90023 044 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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		
		01242007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0048822		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <u><i>Scott Howell</i></u> DATE <u>1-25-07</u> <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing))</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <u><i>Scott Howell</i></u> Date <u>2-15-07</u> Daytime Phone # <u>(772) 340-0407</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		