

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000000196

1. Entity Name
SAMPLE TIRE, INC.



Principal Place of Business
11491 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

Mailing Address
6921 W. CYPRESS DRIVE
PARKLAND, FL 33067



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0551938

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LESCHINSKY, SHARON
6921 W. CYPRESS HEAD DR.
PARKLAND, FL 33067

**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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LESCHINSKY, RONALD
STREET ADDRESS 6921 W. CYPRESS DRIVE
CITY-ST-ZIP PARKLAND, FL 33067

TITLE DVST
NAME LESCHINSKY, SHARON
STREET ADDRESS 6921 W. CYPRESS DRIVE
CITY-ST-ZIP PARKLAND, FL 33067

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U00000529478
05/05/06-80080-001 150.00

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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: Sharon Leschinsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-753

4-20-2006 6437