

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000075131

1. Entity Name  
HENNELLY TIRE & AUTO, INC.



Principal Place of Business  
5899 NW 9TH AVE  
FORT LAUDERDALE, FL 33309

Mailing Address  
5899 NW 9TH AVE  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE IN THIS SPACE**

FILED  
06 MAY -3 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
06-1638968

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MCNERNEY, MICHAEL J  
200 E LAS OLAS BLVD, SUITE 1900  
FT LAUDERDALE, FL 33301

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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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
HENNELLY, DANIEL W  
5899 NW 9TH AVE  
FT. LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
HENNELLY, DIANE C  
5899 NW 9TH AVE  
FT. LAUDERDALE, FL 33309

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

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06/12/06--01021--005 \*\*158.75

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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:

*Diane Hennelly* 4/20/06 (951) 917-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

900Z U T MAY 1 2006