


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90113 014 \*\*\*158.75

<b>DOCUMENT # P02000077243</b> 1. Entity Name <b>LAYE'S TIRE SERVICE INC.</b>					
Principal Place of Business <b>1092 WEST CHURCH STREET AVON PARK, FL 33825</b>			Mailing Address <b>1092 WEST CHURCH STREET AVON PARK, FL 33825</b>		
2. Principal Place of Business <b>1092 Locke Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>1092 Locke Street</b> Suite, Apt. #, etc.			
City & State <b>Avon Park, FL</b>		City & State <b>Avon Park, FL</b>		4. FEI Number <b>74-3054563</b>	
Zip <b>33825-4797</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DONALDSON, DEVON P 120 SOUTH ANOKA AVENUE AVON PARK, FL 33825</b>			7. Name and Address of New Registered Agent Name <b>Linda H. Laye</b> Street Address (P.O. Box Number is Not Acceptable) <b>1092 Locke Street</b> City <b>Avon Park, FL</b> Zip Code <b>33825-4797</b>		
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>Linda H. Laye</i></u> <b>Linda H. Laye, Financial Sec.</b> <b>1-19-2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAYE, RONALD A 1092 W. CHURCH STREET AVON PARK, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAYE, DONALD S 1092 W. CHURCH STREET AVON PARK, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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>Donald S. Laye</i></u> <b>Donald S. Laye</b> <b>1-19-2006</b> <b>863-453-3333</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		