## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000129737**

1. Entity Name

ADVÁNCED TIRE OF JACKSONVILLE, INC.



Principal Place of Business

P O BOX 54880 JACKSONVILLE, FL 32245 Mailing Address

P O BOX 54880

JACKSONVILLE, FL 32245

## FILED Apr 19, 2006 8:00 am Secretary of State

04-19-2006 90086 003 \*\*\*150.00

40053474



01192006

No Chg-P

CR2E034 (11/05)

4. FEI Number 22-3888011

Not Applicable

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PETTIT, JACK A JR. 1425 PANTHER RUN ROAD JACKSONVILLE, FL 32225

## 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 Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	P PETTIT, JACK A JR 1425 PANTHER RUN RD JACKSONVILLE, FL 32225	CTORS	DO NOT WRITE IN THIS SPACE		
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
		The day at a self-factor and	<b>I</b>		10 Florida Statuton I further partify that the information

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 it 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:** 

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

dack A Pottit

4/17/66

Daytime Phone #