

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-17-2007 90032 025 ***150.00

DOCUMENT # P02000130299 1. Entity Name J & B TIRE SERVICE, INC.					
Principal Place of Business 259 SE 3RD STREET BUILDING 11 DEERFIELD BEACH, FL			Mailing Address POST OFFICE BOX 8672 DEERFIELD BEACH, FL 33443		
2. Principal Place of Business - No P.O. Box # 241 NW 52nd STREET		3. Mailing Address 241 NW 52nd STREET			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State POMPANO BEACH FL		City & State POMPANO BEACH FL		4. FEI Number 59-2434445	
Zip 33064		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, GERALD P O BOX 8672 DEERFIELD BEACH, FL 33443			7. Name and Address of New Registered Agent Name GERALD JACKSON Street Address (P.O. Box Number is Not Acceptable) 241 NW 52nd STREET City POMPANO BEACH FL Zip Code 33064		
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: <i>Gerald Jackson</i> DATE: 6-2-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, JERRY 241 NW 52ND STREET POMPANO BEACH, FL 33064		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Gerald Jackson</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5-14-07		Daytime Phone #: 954-501-5909

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