2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 08:00 AM Secretary of State

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1. Entity Name

SMOKEY'S EAST COLONIAL TIRE & WHEEL INC.



Principal Place of Business

8320 E. COLONIAL DRIVE ORLANDO, FL 32817

Mailing Address

8320 E. COLONIAL DRIVE ORLANDO, FL 32817



DO NOT WRITE IN THIS SPACE

03072007

No Chg-P

CR2E034 (11/05)

4. FEI Number 14-1880177 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, WILLIAM 8320 E. COLONIAL DRIVE ORLANDO, FL 32817

DO NOT WRITE IN THIS SPACE

	21.12 323.7		IN THIS SPACE						
8. The above the obtigate	named entity submits this statement for the pions of registered agent.	surpose of changing its registered office or	registered agent, or b	oth, in the State of Florida. I am familiar with, and	accept				
SIGNATURE.	Signature, typed or printed name of registered agent and title it	spplicable (NOTE' Registered Agent signature	SE SERVICIOS MARIO CONSTITUCION	DATE					
	The state of the s	(KOLE National of the Party of	e reduired when (customis)	- U00000871580-					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	03/28/07-80032-006 150.0	30				
10. OFFICERS AND DIRE		TORS							
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PT YOUNG, WILLIAM 8320 E. COLONIAL DRIVE ORLANDO, FL 32817								
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE					
TITLE NAME STREET AUDRESS CITY-ST-ZIP			_ IN _	THIS SPACE					
TITLE		ľ							

12. Thereby 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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAMED SIGNING OFFICER OR DIRECTOR

3/14/07

467-282-3373

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