

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

8/24/2006-90061-041-\$150.00-\$150.00

DOCUMENT # P03000060460



1. Entity Name
ADKINS BATTERIES & TIRES, INCORPORATED

Principal Place of Business
5700 28TH STREET N
ST. PETERSBURG, FL 33714

Mailing Address
5700 28TH STREET N
ST. PETERSBURG, FL 33714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062006 Chg-P CR2E034 (11/05)

4. FEI Number
56-2370082

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADKINS, VERNAL
3700 27TH AVENUE N
ST. PETERSBURG, FL 33713

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Vernal Aden Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

21 Aug 06 DATE

FILE NOW!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. \$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 | P ADKINS, VERNAL 3700 27TH AVENUE N ST. PETERSBURG, FL 33713 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Vernal Aden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Sep 06 Date

Daytime Phone #