

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-08-2006 90296 029 ***150.00
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SECRET
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/05)

DOCUMENT # P03000152926					
1. Entity Name LARSON'S TIRE AND AUTOMOTIVE, INC.					
Principal Place of Business 4570-1 BABCOCK STREET PALM BAY FL 32905			Mailing Address 4570-1 BABCOCK STREET PALM BAY FL 32905		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0519456	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent LARSON, DOUGLAS 4570-1 BABCOCK STREET PALM BAY FL 32905			7. Name and Address of New Registered Agent		
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			DATE 4-24-06		
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, DOUGLAS 4570-1 BABCOCK STREET PALM BAY FL 32905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARSON, BARBARA A 4570-1 BABCOCK ST PALM BAY FL 32905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:			DATE 4-24-06 321-729-0708		
SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR			Daytime Phone #		