

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90050 046 \*\*\*150.00

**DOCUMENT # P04000039454**

1. Entity Name  
**TIRESWING SYSTEMS, INC.**



Principal Place of Business  
**646 RIVERSIDE DR  
NEW SMYRNA BCH, FL 32168**

Mailing Address  
**646 RIVERSIDE DR  
NEW SMYRNA BCH, FL 32168**

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**34-1981826**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NORRIS, ALAN REX  
646 RIVERSIDE DR  
NEW SMYRNA BCH, FL 32168**

**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 Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, ALAN REX 646 RIVERSIDE DR NEW SMYRNA BCH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOWELL, BARBARA AMY 646 RIVERSIDE DR NEW SMYRNA BCH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, ALAN ANDREW 3116 W 23RD TERRACE LAWRENCE, KS 66047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, JEREMY JOSEPH 2523 BREMER DR 3116 W 23RD Terrace LAWRENCE, KS 66049 66047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Amy Nowell* Amy Nowell 1/30/06 386.428.1161