2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000114201 1. Enlity Name JOHNSON TIRE & SALVAGE, INC.					Secretary of Sta			
•	BROADWAY AVENUE	Mailing Address 6219 EAST BROADWAY AVENU TAMPA, FL 33619	E	i (85)(F3) (: 83411 8 1811 81 844 81 1111 81	TOLUITE HOLD NEED IN	7 	
				04202007	No Chg-P	CR2E034 (
DO NOT WRITE IN THIS SPACE			CE:	4. FEI Numb 20-145		ė o	Applied For Not Applicable	
				5. Certificate	of Status Desired		75 Additional Required	
	6. Name and Address of Current Reg	istered Agent						
MCGINNIS, RENA L 6219 EAST BROADWAY AVENUE TAMPA, FL 33619 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.			ed office or reg		NOT W	PACE	lar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and in	e il applicable (NOTE: Ranistera	t Anant signature ra	equired when reinstating)	····	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaig Trust Fund Contrib				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIR	ECTORS		कर्त केंद्रक क्रिक हैं।	- 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Salar Salar	75 Y	
TITLE NAME STREET AODRESS CITY-ST-ZIP	DP MCGINNIS, RENA L 6943 CLINTON WAY WESLEY CHAPEL, FL 33544				05/30	00007635 /07-8001	67 5-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE		
TITLE			1	iki -	TILLE CI	ACE		

12. I hereby certify that the information supplied with this filling 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 onth, that I am an officer or director of the corporation or the feceiver 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 epopowered.

SIGNATURÉ:

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

GNATURE AND TYPED OR FRINTED MAME OF SIGNING OFFICER OR DIRECTOR

5-7-7

813-626-9313