


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90017 003 ***150.00

DOCUMENT # P05000039859 1. Entity Name BRUNO TIRE SERVICE, INC.	
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Principal Place of Business 1130 LINTON CT CLERMONT, FL 34711	Mailing Address 1130 LINTON CT CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE

40023012



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2724888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JORDAN II, EDWARD P ESQ.
1460 EAST HWY 50
CLERMONT, FL 34711**

**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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUNO, RICHARD 1130 LINTON CT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUNO, PATRICIA L 1130 LINTON CT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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 or other like empowered

SIGNATURE:  **1-17-07** **321-229-2686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #