


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90083 023 ***150.00

DOCUMENT # P05000042506 1. Entity Name J.W.'S TIRE, INC.					
Principal Place of Business 148 LAKE THOMAS DRIVE WINTER HAVEN FL 33880				Mailing Address 148 LAKE THOMAS DRIVE WINTER HAVEN FL 33880	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 32-0141957 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, SUE M 148 LAKE THOMAS DRIVE WINTER HAVEN FL 33880				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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	NAME WILSON, J.W. STREET ADDRESS 148 LAKE THOMAS DRIVE CITY- ST- ZIP WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	NAME DEGROAT, GEORGE E STREET ADDRESS 148 LAKE THOMAS DRIVE CITY- ST- ZIP WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete <i>Delete</i>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	NAME WILSON, SUE M STREET ADDRESS 148 LAKE THOMAS DRIVE CITY- ST- ZIP WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME WILLIAMS, RICHARD STREET ADDRESS P.O. BOX 143 CITY- ST- ZIP FROSTPROOF FL 33843-0143	<input checked="" type="checkbox"/> Delete <i>Delete</i>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	OD	NAME TAYLOR, GARY ADAM STREET ADDRESS P.O. BOX 1503 CITY- ST- ZIP EATON PARK FL 33840-1503	<input checked="" type="checkbox"/> Delete <i>Delete</i>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
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: <i>Sue M. Wilson, Secretary</i> 2/10/07 (863) 293-4429 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					