2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# P05000142267

Entity Name: SUNCOAST TIRE SERVICE & ACCESSORIES, INC.

Current Principal Place of Business:

4229 HWY 29S
LABELLE, FL 33935

New Principal Place of Business:

4329 HWY 29S
LABELLE, FL 33935

Current Mailing Address:

1220 PINE ST.
LABELLE, FL 33935

New Mailing Address:

P.O. BOX 312
LABELLE, FL 33975

FEI Number: 20-3692990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVAS, JACK
1220 PINE ST.
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LUNA, ANGEL OWNER
Address: 785 A RD.
City-St-Zip: LABELLE, FL 33935

Title: VP ( ) Delete
Name: RIVAS, JACK OWNER
Address: 1220 PINE ST.
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK RIVAS VP 03/15/2006
Electronic Signature of Signing Officer or Director Date