

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90169 019 \*\*\*150.00

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03222006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000147150</b> 1. Entity Name <b>GIL &amp; ORTIZ TIRE SERVICES, CO.</b>					
Principal Place of Business <b>2897 BEAL STREET DELTONA, FL 32738</b>			Mailing Address <b>2897 BEAL STREET DELTONA, FL 32738</b>		
2. Principal Place of Business <b>1583 NAPLES CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1583 NAPLES CIRCLE</b> Suite, Apt. #, etc.			
City & State <b>DELTONA FLORIDA</b> Zip Country <b>32738 Volusia</b>		City & State <b>DELTONA FLORIDA</b> Zip Country <b>32738 Volusia</b>		4. FEI Number <b>04-3843640</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GIL, WILFREDO 2897 BEAL STREET DELTONA, FL 32738</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIL, WILFREDO</b> <b>2897 BEAL STREET</b> <b>DELTONA, FL 32738</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1583 NAPLES CIRCLE</b> <b>DELTONA FLORIDA 32738</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIL, MAYRA</b> <b>2897 BEAL STREET</b> <b>DELTONA, FL 32738</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1583 NAPLES CIRCLE</b> <b>DELTONA FLORIDA 32738</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Mayra Gil</i></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4/18/06</b> Date		
			<b>407 402-0486</b> <b>386-960-5602</b> Daytime Phone #		