


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90084 010 \*\*\*150.00

<b>DOCUMENT # P06000127477</b> 1. Entity Name <b>HIGHWAY 19 TIRE COMPANY, INC.</b>					
Principal Place of Business <b>5610 GRAND BLVD NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>6930 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>6930 U.S. Hwy 19</b>		Suite, Apt. #, etc.			
City & State <b>New Port Richey FL</b>		City & State			
Zip <b>34652</b>	Country <b>U.S.A.</b>	Zip	Country		
4. FEI Number <b>20-5693249</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>TIMMER, JOANN C 4941 SOUTH SHORE DRIVE NEW PORT RICHEY, FL 34652</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <u><i>Joann C Timmer</i></u> <b>Joann C Timmer</b> <span style="float: right;"><b>4-18-07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Timmer Danny K. 6930 US Hwy 19 New Port Richey FL 34652</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSO Timmer Joann C. 6930 US Hwy 19 New Port Richey, FL 34652</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: <u><i>Joann C Timmer</i></u> <b>Joann C Timmer</b>			<b>4-18-07</b> <small>Date Daytime Phone #</small>		

(727) 848-4800