

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90079 037 \*\*\*158.75

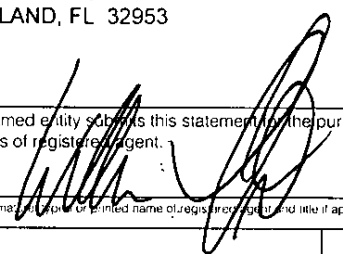
<b>DOCUMENT # P06000147086</b>	
1. Entity Name <b>SKEETER'S TIRES &amp; STORAGE COMPANY</b>	

Principal Place of Business <b>2225 GARDEN STREET TITUSVILLE, FL 32796</b>	Mailing Address <b>P.O. BOX 540721 MERRITT ISLAND, FL 32954</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 171</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Titusville, Florida</b>	
Zip	Country	Zip <b>32781</b>	Country <b>Bravard</b>

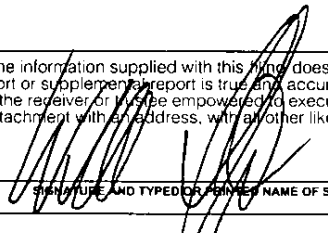
	
02052007	Chg-P CR2E034 (12/06)
4. FEI Number <b>20-5965421</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LANGSTON, WILLIAM D 2265 MIMOSA AVENUE MERRITT ISLAND, FL 32953</b>	
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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 	DATE <b>3/7/07</b>

<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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES LANGSTON, WILLIAM D PRES 2265 MIMOSA AVENUE MERRITT ISLAND, FL 32953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO Samantha Henderson 1906 Otterbein Ave Apt #1102 Cocoa, FL 32926</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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.	
SIGNATURE: 	DATE <b>3/7/07</b> DAYTIME PHONE <b>321-302-3365</b>