


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000008822
1. Entity Name
HEWETT TIRE & AUTO CENTER, INC.



Principal Place of Business Mailing Address
**517 AIRPORT RD.
PANAMA CITY, FL 32405** **517 AIRPORT RD.
PANAMA CITY, FL 32405**



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3239811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**HEWETT, SANDRA
329 HILAND DR.
PANAMA CITY, FL 32404**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEWETT, SANDRA 329 HILAND DR PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEWETT, BILLY E 329 HILAND DR PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HEWETT JR, BILLY E 1311 CROOKED LANE PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OWENS, KENDRA 25 OWENS LANE EUPHAULA, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HEWETT, ASHLEY G 329 HILAND DR. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HEWETT, ALEXANDER 329 HILAND DR. PANAMA CITY, FL 32404

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02/16/06-80009-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Sandra Hewett SANDRA HEWETT 1-31-06 850-769-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #