2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2006 08:00 AM

DOCUMENT # P95000033840 1. Entity Name FLEET TIRE SALES & SERVICE, INC.				Secretary of State			
901 SOUTH	EAST 7TH COURT	failing Address 901 SOUTHEAST 7TH COURT DEERFIELD BEACH, FL 33441		7	- 1912) G 111 JS11 1 SE 111 S S111		
Ε	OO NOT WRITE II	CE	03152006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0575414 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
WALKER, CHARLES F JR 901 SOUTHEAST 7TH COURT DEERFIELD BEACH, FL 33441 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 acceed the obligations of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent and title	3 Agent signature required	(when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 S. Election Campaign Fina Trust Fund Contribution.				\$5.00 May Be U00000471260 3728/06-80047-003 150.0)471260 -80047-003 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE PD WALKER, CHARLES F JR 2741 NE 8TH STREET POMPANO BEACH, FL 33062 STD WALKER, HARRIETTE 2741 NE 8TH STREET POMPANO BEACH, FL 33062	CTORS			NOT WI		
NAME SIRELI ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118, 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 yustee empowered to execute this report as fequired by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attactional with an address, with all other like approved.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

3-15-06

Davison Phone 9