

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90279 005 ***150.00

DOCUMENT # P96000009890

1. Entity Name

ALL-PRO TIRES, INC.



Principal Place of Business

14853 HIGHWAY 301
DADE CITY FL 33523

Mailing Address

14853 HIGHWAY 301
DADE CITY FL 33525



2. Principal Place of Business

Mailing Address

PO Box 2307

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3383116

Applied For

Not Applicable

Zip

Country

Zip

33526

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ODOM, SIDNEY P
14853 HIGHWAY 301
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name
ODOM, SIDNEY P.

Street Address (P.O. Box Number is Not Acceptable)

38025 LAKE DR.

DADE CITY

City

FL

Zip Code

33525

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

Sidney P. Odom

SIDNEY P. ODOM

4-26-06

(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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME SICKLER, YVONNE W
STREET ADDRESS 14132 18TH COURT
CITY-ST-ZIP DADE CITY FL 33525

TITLE D ☐ Delete
NAME ODOM, SIDNEY P
STREET ADDRESS 38025 LAKE DR.
CITY-ST-ZIP DADE CITY FL 33525

TITLE P ☒ Delete
NAME SICKLER, YVONNE W
STREET ADDRESS 38025 LAKE DR.
CITY-ST-ZIP DADE CITY FL

TITLE VPS ☐ Delete
NAME ODOM, SIDNEY P
STREET ADDRESS 14132 18TH CT
CITY-ST-ZIP DADE CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☒ Change ☐ Addition
NAME ODOM, SIDNEY P.
STREET ADDRESS 38025 LAKE DR.
CITY-ST-ZIP DADE CITY, FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sidney P. Odom

SIDNEY P. ODOM

4-26-06

567-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #