2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P96000026582

1. Entity Name

LOVE'S TIRE & SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
1701 E HWY 60 VALRICO FL 33594 US	1701 E HWY 60 VALRICO FL 33594 US

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3369328 ☐ Applied F[illegible] ☐ Not Applic[illegible]

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOVE, SCOTT L
1701 SR 60 E
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 ac[illegible] the obligations of registered agent.

SIGNATURE [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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Ma[illegible] Added to F[illegible]

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	LOVE, SCOTT L	
STREET ADDRESS	1701 E HWY 60	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	STD	☐ Delete
NAME	LOVE, GAY L	
STREET ADDRESS	1701 E HWY 60	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 ☐ A[illegible]
NAME	U00000489918	
STREET ADDRESS	04/18/06-80032-023 150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ A[illegible]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A[illegible]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A[illegible]
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CITY-ST-ZIP		
TITLE		☐ Change ☐ A[illegible]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A[illegible]
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 inform[illegible] 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 dir[illegible] 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 Blo[illegible] if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Scott L Love 3-28-06 813-661-3255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #