2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000043484

1. Entity Name
V M WHOLESALE TIRES, INC.

Principal Place of Business	Mailing Address
206 EAST 63RD STREET	206 EAST 63RD STREET
JACKSONVILLE, FL 32208	JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE

04242006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3496834	Not Applicable

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

6. Name and Address of Current Registered Agent

MCFALLS, VICTOR S
206 EAST 63RD STREET
JACKSONVILLE, FL 32208

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.
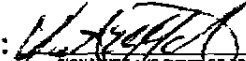
SIGNATURE _____

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

LMDMM544323
05/11/06 -80028-018 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	MCFALLS, VICTOR S	
STREET ADDRESS	206 EAST 63RD STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____   4/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #