

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90003 007 ***150.00

DOCUMENT # P99000109814 1. Entity Name ANDY'S TIRE & MUFFLER CENTER, INC.					
Principal Place of Business 1022 13TH STREET ST CLOUD, FL 34769			Mailing Address 1022 13TH STREET ST CLOUD, FL 34769		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3611354	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, ANDY R 841 MONOPOLI COURT ORLANDO, FL 32841				7. Name and Address of New Registered Agent Name ANDY RESTO Street Address (P.O. Box Number is Not Acceptable) 841 MONOPOLI CT. City ORLANDO FL Zip Code 32841	
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 DATE 3/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ANDY R <input type="checkbox"/> Delete 1022 13TH STREET ST CLOUD, FL 34769		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDY RESTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1022 13TH ST ST CLOUD, FL 34769	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CYNTHIA RESTO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1022 13TH ST ST CLOUD, FL 34769	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDY RESTO JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1022 13TH ST ST CLOUD, FL 34769	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: DATE 3/28/06 DAYTIME PHONE # 407-892-8735 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					