


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # V25726 1. Entity Name PAUL LEWIS TIRE WHOLESALE, INC.	
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Principal Place of Business 6000 SAN JOSE BLVD. APT 8A JACKSONVILLE, FL 32217	Mailing Address P.O. BOX 1854 ORANGE PARK, FL 32067-1854
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01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3115152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEWIS, PAULETTE 6000 SAN JOSE BLVD. APT 8A JACKSONVILLE, FL 32217
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**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**

U000000426885
02/20/06-80062-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LEWIS, PAULETTE A
STREET ADDRESS	6000 SAN JOSE BLVD 8A
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	LEWIS, PAUL II
STREET ADDRESS	2745 CORAL WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	LEWIS, ROBERT S
STREET ADDRESS	4410 GADSEN COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: Paulette Lewis Paul II Lewis Robert S Lewis 2/5/06 904 732-8678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #