

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90084 009 \*\*\*150.00

**DOCUMENT # V25726**

1. Entity Name  
**PAUL LEWIS TIRE WHOLESALE, INC.**



Principal Place of Business  
**6000 SAN JOSE BLVD.  
APT 8A  
JACKSONVILLE, FL 32217**

Mailing Address  
**P.O. BOX 1854  
ORANGE PARK, FL 32067-1854**

4000000000



**DO NOT WRITE IN THIS SPACE**

01292007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3115152**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEWIS, PAULETTE  
6000 SAN JOSE BLVD.  
APT 8A  
JACKSONVILLE, FL 32217**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Paula Lewis* *Robert Lewis* *2/2/07* *904 735 4678*