



ANNUAL REPORT

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DOCUMENT # V51245		
1. Entity Name C & S TIRES, INC.		
Principal Place of Business 14631 W. PALOMINO DR. FT. LAUDERDALE, FL 33330	Mailing Address 14631 W. PALOMINO DR. FT. LAUDERDALE, FL 33330	 02082007 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		

6. Name and Address of Current Registered Agent

SAMPSON, CAROLYN S.
14631 W. PALOMINO DR.
FT. LAUDERDALE, FL 33330

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000656734 03/14/07-80030-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPSON, CAROLYN S. 14631 W. PALOMINO DR. FT. LAUDERDALE, FL
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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: Carolyn Sampson CAROLYN S. SAMPSON 3/2/07 954-849-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5650