2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# 838204

Entity Name: ANDALUSIA TIRE COMPANY, INC.

Current Principal Place of Business:

850 BY PASS WEST
ANDALUSIA, AL 36420

New Principal Place of Business:

Current Mailing Address:

850 BY PASS WEST
POB 446
ANDALUSIA, AL 36420

New Mailing Address:

FEI Number: 63-0650237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CATON, JAMES B II	
Address:	850 BYPASS WEST	
City-St-Zip:	ANDALUSIA, AL 36420	
Title:	SC	( ) Delete
Name:	CATON, PATRICIA E.,	
Address:	1300 BROOKLYN RD	
City-St-Zip:	ANDALUSIA, AL 36420	
Title:	T	( ) Delete
Name:	CATON, GREG,	
Address:	850 BY PASS WEST	
City-St-Zip:	ANDALUSIA, AL 36420	
Title:	V	( ) Delete
Name:	STEPHEN, TODD	
Address:	1216 BROOKLYN ROAD	
City-St-Zip:	ANDALUSIA, AL 36420	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG CATON T 02/16/2009

Electronic Signature of Signing Officer or Director — Date