2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State
01-30-2004 90059 026 ***158.75

DOCUMENT # G01958

1. Entity Name

RAY'S TIRE AND SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
1375 US 1, SOUTH ST. AUGUSTINE FL 32086 US	1375 US 1, SOUTH ST. AUGUSTINE FL 32086 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32084 Country	Zip 32084 Country

4. FEI Number 59-2225750 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

USHER, RAYMOND
1375 U.S. 1 SOUTH
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name E. Dean Petty

Street Address (P.O. Box Number is Not Acceptable)

1375 US 1 South

City St. Augustine FL Zip Code 32084

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 Dean Petty
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	TD USHER, MERIAL 921 DEERCHASE DR. SAINT AUGUSTINE FL 32086	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Edward Dean Petty 4037 White Pine Lane St. Augustine FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD USHER, RAYMOND 921 DEERCHASE DR. ST. AUGUSTINE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TD Susan W Petty 4037 White Pine Lane St. Augustine FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PETTY, EDWARD DEAN 4037 WHITE PINE LANE ST AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PETTY, SUSAN 4037 WHITE PINE LANE SAINT AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dean Petty 1-21-04 904-829-6418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #