


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90478 039 ***150.00

DOCUMENT # P05000101786

1. Entity Name
RAIDER TIRE, INC.



Principal Place of Business
**1901 INDUSTRIAL PARK DR BLDG D
 PLANT CITY, FL 33563**

Mailing Address
**PO BOX 3177
 PLANT CITY, FL 33563**

50017662



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

04262006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3179156

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WETHERINGTON, KIMBALL
 703 HITCHCOCK ST
 PLANT CITY, FL 33563**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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**

10. OFFICERS AND DIRECTORS

TITLE	CFOP	<input type="checkbox"/> Delete
NAME	WETHERINGTON, KIMBALL W	
STREET ADDRESS	1901 INDUSTRIAL PARK DR BLDG D	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	D	<input type="checkbox"/> Delete
NAME	WETHERINGTON, KIMBALL W	
STREET ADDRESS	1901 INDUSTRIAL PARK DR BLDG D	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	V	<input type="checkbox"/> Delete
NAME	HESS, THOMAS ANDREW	
STREET ADDRESS	2208 N MERRIN ST	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WETHERINGTON, VICKIE L	
STREET ADDRESS	1901 INDUSTRIAL PARK DR BLDG D	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Kimball Wetherington* 4/24/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #