


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3179156

Applied For
 Not Applicable

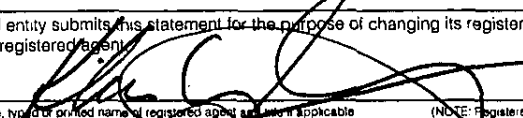
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WETHERINGTON, KIMBALL
 703 HITCHCOCK ST
 PLANT CITY, FL 33563**

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:  **KIMBALL WETHERINGTON** 4-25-07
Signature, typed or printed name of registered agent and, when 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	CFOP
NAME	WETHERINGTON, KIMBALL W
STREET ADDRESS	1901 INDUSTRIAL PARK DR BLDG D
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	D
NAME	WETHERINGTON, KIMBALL W
STREET ADDRESS	1901 INDUSTRIAL PARK DR BLDG D
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	V
NAME	HESS, THOMAS ANDREW
STREET ADDRESS	2208 N MERRIN ST
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	STD
NAME	WETHERINGTON, VICKIE L
STREET ADDRESS	1901 INDUSTRIAL PARK DR BLDG D
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 05/14/07-80048-007 150.00

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 life empowered.

SIGNATURE:  **KIMBALL WETHERINGTON** 4-25-07 813-752-4510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR File Daytime Phone #