


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000005300

1. Entity Name IZZY'S TIRE SALES, INC.



Principal Place of Business: 10173 HIGHWAY 441 NORTH, OKEECHOBEE FL 34972

Mailing Address: 10173 HIGHWAY 441 NORTH, OKEECHOBEE FL 34972



MOORE CR2E034 (11/03)

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

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

4. FEI Number: 65-0554951

Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

IZZO, ANGELO
 10173 HIGHWAY 441 NORTH
 OKEECHOBEE FL 34972

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, 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		
TITLE: PD	IZZO, ANGELO	<input type="checkbox"/> Delete
STREET ADDRESS: 10173 HIGHWAY 441 NORTH		
CITY-ST-ZIP: OKEECHOBEE FL 34972		
TITLE: STD	IZZO, DEBBIE	<input type="checkbox"/> Delete
STREET ADDRESS: 10173 HIGHWAY 441 NORTH		
CITY-ST-ZIP: OKEECHOBEE FL		
TITLE: D	COSTOPOULOUS, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS: 10173 HIGHWAY 441 NORTH		
CITY-ST-ZIP: OKEECHOBEE FL 34972		
TITLE: _____	_____	<input type="checkbox"/> Delete
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Delete
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Delete
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		

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: Angelo A. Izzo 1-27-04 863 4678600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #