

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90310 016 ***150.00

DOCUMENT # 203713

1. Entity Name
KARKEY'S TIRE SERVICE, INC.



Principal Place of Business Mailing Address
1203 WALDEN DR. 11245 Bienenvenida Ct. #201
FT. MYERS, FL 33908 FORT MYERS, FL 33908

94049735

Karkey's Tire Service, Inc.

2. Principal Place of Business 3. Mailing Address
11245 Bienenvenida Ct. 11245 Bienenvenida Ct.

Suite, Apt. #, etc. Suite, Apt. #, etc.
201 # 201

City & State City & State
Fort Myers Fla Fort Myers Fla

Zip Country Zip Country
33908 33904

04092004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-0815209 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, PATRICIA J
11245 BIENVENIDA CT. #201
FT. MYERS, FL 33901

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 _____
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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROSS, P.J. HARRELL**
STREET ADDRESS **11245 BIENVENIDA CT. #201**
CITY-ST-ZIP **FT. MYERS, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Patricia J. Ross*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04 234-939382
Date Daytime Phone #