

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90050 016 ***150.00

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DOCUMENT # 401176 1. Entity Name RAY'S TIRE CENTER OF MERRITT ISLAND, INC.					
Principal Place of Business 58 E. MERRITT ISLAND CSWY. MERRITT ISLAND, FL 32952-3633			Mailing Address 58 E. MERRITT ISLAND CSWY. MERRITT ISLAND, FL 32952-3633		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1406821	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GANOE, RAYMOND 100 RIVERSIDE DRIVE COCOA, FL 32922				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 58 E. MERRITT ISLAND CSWY City MERRITT ISLAND FL Zip Code 32952	
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 RAYMOND A. GANOE 2/10/05 (NOTE: Registered Agent signature required when relinquishing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD GANOE, RAYMOND A 100 RIVERSIDE DRIVE COCOA, FL 32922 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 58 E. MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GANOE, RAYMOND A 100 RIVERSIDE DRIVE COCOA, FL 32922 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 58 E. MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GANOE, NOREEN 58 E. MERRITT ISLAND MERRITT ISLAND, FL 32952 ☒ 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	
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: RAYMOND A. GANOE 321-452-8030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					