

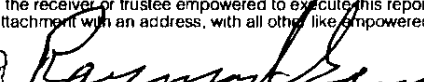


FILED
Apr 09, 2008 08:00 A
Secretary of State

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																																									
DO NOT WRITE IN THIS SPACE																																											
		Barcode:  04072008 No Chg-P CR2E034 (11/05)																																									
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-1406821</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-1406821	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
4. FEI Number 59-1406821	Applied For <input type="checkbox"/> Not Applicable																																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent GANOE, RAYMOND 58 E MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS		U000000837029 04/21/08-80006-013 150.00																																									
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>GANOE, RAYMOND A</td></tr><tr><td>STREET ADDRESS</td><td>58 E MERRITT ISLAND CSWY</td></tr><tr><td>CITY-ST-ZIP</td><td>MERRITT ISLAND, FL 32952</td></tr><tr><td>TITLE</td><td>ST</td></tr><tr><td>NAME</td><td>GANOE, RAYMOND A</td></tr><tr><td>STREET ADDRESS</td><td>58 E MERRITT ISLAND CSWY</td></tr><tr><td>CITY-ST-ZIP</td><td>MERRITT ISLAND, FL 32952</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PD	NAME	GANOE, RAYMOND A	STREET ADDRESS	58 E MERRITT ISLAND CSWY	CITY-ST-ZIP	MERRITT ISLAND, FL 32952	TITLE	ST	NAME	GANOE, RAYMOND A	STREET ADDRESS	58 E MERRITT ISLAND CSWY	CITY-ST-ZIP	MERRITT ISLAND, FL 32952	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE	PD																																										
NAME	GANOE, RAYMOND A																																										
STREET ADDRESS	58 E MERRITT ISLAND CSWY																																										
CITY-ST-ZIP	MERRITT ISLAND, FL 32952																																										
TITLE	ST																																										
NAME	GANOE, RAYMOND A																																										
STREET ADDRESS	58 E MERRITT ISLAND CSWY																																										
CITY-ST-ZIP	MERRITT ISLAND, FL 32952																																										
TITLE																																											
NAME																																											
STREET ADDRESS																																											
CITY-ST-ZIP																																											
TITLE																																											
NAME																																											
STREET ADDRESS																																											
CITY-ST-ZIP																																											
TITLE																																											
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: 		Date: 4/7/08 Daytime Phone #: 321-452-8030																																									