


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90038 036 \*\*\*150.00

DOCUMENT # **492395**

1. Entity Name  
**Ocala Tire Service, Inc.**



**DO NOT WRITE IN THIS SPACE**

**40004365**

2. Principal Place of Business  
**424 S. MAGNOLIA AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 3595**  
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State  
**OCALA FLORIDA**

City & State  
**OCALA FLORIDA**

Zip  
**34474**

Country

Zip  
**34478**

Country

4. FEI Number  
**59-1638272**

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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 \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended AR is \$61.25**  
**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	<b>PD</b>	TITLE	
NAME	<b>Griggs, ERNEST W. JR</b>	NAME	
STREET ADDRESS	<b>1951 SE 94 TER</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Ocala, FL 34471</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ernest W. Griggs, Jr** **ERNEST W. GRIGGS JR** 1-16-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **312-421-5020**