2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

Apr 02, 2004 8:00 am Secretary of State **DOCUMENT # 515427** 1. Entity Name 04-02-2004 90049 043 ***150.00 LANNING TIRE SALES, INC. Principal Place of Business Mailing Address 1235 NORTH LIME AVENUE 1235 NORTH LIME AVENUE SARASOTA FL 34237 SARASOTA FL 34237 94042108 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1691673 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANNING, STEPHEN R. Street Address (P.O. Box Number is Not Acceptable) 1235 NORTH LIME AVENUE SARASOTA FL 34237 Zip Code City 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 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE **Change** ☐ Addition TITLE Delete NAME LANNING, STEPHEN R. NAME STREET ADDRESS 6911 197TH STREET EAST STREET ADDRESS BRADENTON FL-34202-CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE X Change ☐ Addition LANNING, SHERYL L. NAME STREET ADDRESS STREET ADDRESS 6911 197TH STREET EAST CITY-ST-ZIP CITY-ST-7IP BRADENTON FL 34202 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED