

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 588219

FILED
Feb 15, 2008
Secretary of State

Entity Name: NORTHSIDE TIRE AND FOUR WHEEL DRIVE, INCORPORATED

Current Principal Place of Business:

513 W. WATERS AVENUE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

513 W. WATERS AVENUE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-2016157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPOKAS, ADOLPH A
513 W WATERS AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPOKAS, ADOLPH A JR.
Address: 19801 DEER HOLLOW LANE
City-St-Zip: LUTZ, FL 33548 US

Title: STD () Delete
Name: SPOKAS, CYNTHIA F
Address: 19801 DEER HOLLOW LANE
City-St-Zip: LUTZ, FL 33548 US

Title: V () Delete
Name: ASBEL, WENDELL B
Address: 4328 LANE ROAD
City-St-Zip: ZEPHRYHILLS, FL 33541

Title: V () Delete
Name: SPOKAS, ADOLPH A III
Address: 506 SE 2ND AVENUE
City-St-Zip: LUTZ, FL 33549 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA F. SPOKAS

STD

02/15/2008

Electronic Signature of Signing Officer or Director

Date