


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 653840		
1. Entity Name PERFORMANCE TIRE CENTER OF WINTER HAVEN, INC.		
Principal Place of Business 249 THIRD STREET, SW WINTER HAVEN, FL 33880		Mailing Address 249 THIRD STREET, SW WINTER HAVEN, FL 33880
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MILHOLIN, MARK W. 249 THIRD STREET, SW WINTER HAVEN, FL 33880		04202005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1999192 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SATTERFIELD, VALERIE 702 AVENUE M., S.E WINTER HAVEN, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILHOLIN, MARK 702 AVENUE M., S.E. WINTER HAVEN, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS 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)(f), 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: <i>Mark Milholin</i> Mark Milholin		4/28/05 863-294-3181
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>