

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 668889**

1. Entity Name  
**RALLY TIRE CO.**



Principal Place of Business  
**12300 OVERSEAS HWY  
MARATHON, FL 33050**

Mailing Address  
**12300 OVERSEAS HWY  
MARATHON, FL 33050**



04252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1994548**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORBIN, SUSAN  
8085 OVERSEAS HWY  
MARATHON, FL 33050**

**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 \_\_\_\_\_

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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	SWARTZ, ELAINE
STREET ADDRESS	2128 RAINWATER RD
CITY- ST- ZIP	DANDRIDGE, TN 377256921

TITLE	D
NAME	SWARTZ, MARTI
STREET ADDRESS	2128 RAINWATER RD
CITY- ST- ZIP	DANDRIDGE, TN 377256921

TITLE	D
NAME	SWARTZ, LANCE
STREET ADDRESS	12300 OVERSEAS HWY
CITY- ST- ZIP	MARATHON, FL 33050

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
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STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/28/08-80107-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELAINE SWARTZ**

Date

**4/29/08**

Daytime Phone #

**305-289-7238**