




**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 690071</b>		
1. Entity Name <b>B AND L TIRE COMPANY</b>		
Principal Place of Business <b>3401 U S HWY 98 SOUTH P O BOX 488 EATON PARK, FL 33803</b>	Mailing Address <b>3401 U S HWY 98 SOUTH P O BOX 488 EATON PARK, FL 33803</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
02242005    No Chg-P    CR2E034 (10/03)		4. FEI Number <b>59-2105963</b> <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>CRAWFORD, WARREN E 323 PALENCIA PL. LAKELAND, FL 33803</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when reinstating))</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CRAWFORD, WARREN E 323 PALENCIA PL. LAKELAND, FL 00000</b>	<div style="margin-bottom: 10px;">U00000248000 03/02/05-80012-006 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		28 Feb 05 8636651617 <small>Daytime Phone #</small>