2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # 693444 01-24-2005 90043 049 ***150.00 WOODIE LEE'S TIRE STORE, INC. Principal Place of Business Mailing Address 23165 HARPER AVENUE 23165 HARPER AVENUE CHARLOTTE HARBOR, FL 33980 40004952 CHARLOTTE HARBOR, FL 33980 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-2132518 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, SHERRI L Street Address (P.O. Box Number is Not Acceptable) 23526 BRANCH AVENUE PUNTA GORDA, FL 33955 City Zip Code 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. Scarobute, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when remetating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition KING, SHERRI L NALEE STREET ADDRESS 23526 BRANCH AVE STREET ADDRESS PORT CHARLOTTE, FL (31Y-51-73P CITY-ST-ZIP TITLE ☐ Delete mre ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIRLE Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-5T-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS (XTY-57-7)P CITY - ST - ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-712 CITY-57-78P thereby certify that the information supplemental indicated on this report or supplemental of the corporation or the received or trust bed with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Prorida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment SIGNATURE: __

FILED

Jan 24, 2005 8:00 am