


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000006097</b>	
<b>1. Entity Name</b> SENG TIRE, INC.	

<b>Principal Place of Business</b> 48700 W. TWELVE MILE ROAD WIXON, MI 48393	<b>Mailing Address</b> 48700 W. TWELVE MILE ROAD WIXON, MI 48393
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02132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 38-2230188	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

AUVIL, MARK  
900 N. US 27  
SOUTH BAY, FL 33493

**DO NOT WRITE IN THIS SPACE**

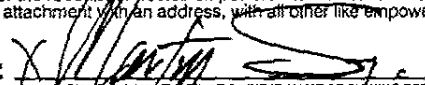
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000118946 04/19/04-80080-023 150.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> P <b>NAME</b> SENG, MARTIN <b>STREET ADDRESS</b> 29989 ROWE ROAD <b>CITY-ST-ZIP</b> MILFORD, MI 48042	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> ST <b>NAME</b> SENG, DOLORES <b>STREET ADDRESS</b> 29989 ROWE ROAD <b>CITY-ST-ZIP</b> MILFORD, MI 48042	
<b>TITLE</b> VP <b>NAME</b> SENG, ROBERT <b>STREET ADDRESS</b> 186 SEARLS ROAD <b>CITY-ST-ZIP</b> WEBBERVILLE, MI 48892	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **DATE** 4/19/04 **Daytime Phone #** 248-348-9695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR