

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F04936

1. Entity Name
DOC'S TIRE REPAIR, INC.



Principal Place of Business
C/O JULIOUS SMITH
307 E 17TH ST
LYNN HAVEN, FL 32444-4344

Mailing Address
C/O JULIOUS SMITH
307 E 17TH ST
LYNN HAVEN, FL 32444-4344



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-2045721

App'd For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, JULIOUS
307 E 17TH ST
LYNN HAVEN, FL

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity swears 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 of individual named as registered agent and the taxpayer. NOTE: Registered Agent signature required when installing. DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	SMITH, JULIOUS
STREET ADDRESS	307 E 17TH ST
CITY, ST, ZIP	LYNN HAVEN, FL
TITLE	SVD
NAME	SMITH, DELLA
STREET ADDRESS	307 E 17TH ST
CITY, ST, ZIP	LYNN HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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05/05/05-80037-020 150.00

**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: Julious Smith Julious Smith Pass 4/30/05 850265-548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR