


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F33238	
1. Entity Name JERRY D. RUTHVEN TIRE STORE, INC.	
	
Principal Place of Business 3102 SO FLORIDA AVE C/O JERRY D RUTHVEN LAKELAND, FL 33803	Mailing Address 3102 SO FLORIDA AVE C/O JERRY D RUTHVEN LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RUTHVEN, JERRY D 3102 SO FLORIDA AVE LAKELAND, FL 33803

07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2098132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

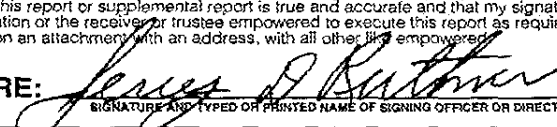
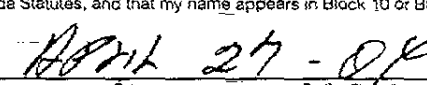
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUTHVEN, JERRY D 3102 SO FLORIDA AVE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RUTHVEN, SARA M 3102 SO FLORIDA AVE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/09/04-80014-012 150.00

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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:  **DATE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____