

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F84398

1. Entity Name
ST. LUCIE BATTERY & TIRE COMPANY



Principal Place of Business
**% JOSEPH G. MILLER
5500 ORANGE AVENUE
FT. PIERCE, FL 34947**

Mailing Address
**% JOSEPH G. MILLER
5500 ORANGE AVENUE
FT. PIERCE, FL 34947**



02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2231012

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, JOSEPH G.
5500 ORANGE AVENUE
FORT PIERCE, FL 34947**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MILLER, JOSEPH G
5500 ORANGE AVE
FORT PIERCE, FL 34947**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MILLER, WALTER S
5500 ORANGE AVE
FORT PIERCE, FL 34947**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MILLER, JOSEPH M
5500 ORANGE AVE
FORT PIERCE, FL 34947**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MILLER, G D
5500 ORANGE AVE
FORT PIERCE, FL 34947**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000285483
04/02/05-80045-020 150.00

**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)(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: **G. DOUGLAS MILLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05
Date

772-461-1746
Daytime Phone #