


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

| | |
|---|---|
| DOCUMENT # H89476 1. Entity Name A & W FIRESTONE, INC. |  |
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| Principal Place of Business 125 JOHN SIMS PKWY. VALPARAISO, FL 32580 | Mailing Address 125 JOHN SIMS PKWY. VALPARAISO, FL 32580 |
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02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FBI Number 59-2611611 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BROWN, DAVID 125 JOHN SIMS PKWY. VALPARAISO, FL 32580 |
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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 _____

**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 NAME STREET ADDRESS CITY - ST - ZIP | DP BROWN, DAVID 125 JOHN SIMS PKWY. VALPARAISO, FL 32580 |
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U00000287758
04/04/05-80080-017 150.00

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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: David Brown DAVID BROWN 4-1-05 850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #