## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 16, 2005 8:00 am Secretary of State DOCUMENT # J08162 1. Entity Name 02-16-2005 90025 003 \*\*\*150.00 PARKER'S TIRE SERVICE & AUTO CARE, INC. Mailing Address Principal Place of Business % JOE INGRAO % JOE INGRAO 3000 N.W. PINE AVE. 3000 N.W. PINE AVE. OCALA FL 34475 **OCALA FL 34475** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2654431 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INGRAO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 3000 N.W. PINE AVE. OCALA FL 34475 Zip Code **344り**5 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. and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State's 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Delete TITLE Kevin Wood ☐ Change INGRAO, JOSEPH NAME President 3000 N.W. Pine Ave NAME STREET ADDRESS 3000 N.W. PINE AVE. STREET ADDRESS CITY-ST-ZIP OCALA FL 34475 CITY - ST - ZIP OCALA FL. 34475 Addition Secretary TITLE [ Change TITLE ☐ Delete Kevin Wood NAME NAME STREET ADDRESS 3000H.W. Pine Hie. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Ocala, FL 34475 Addition ☐ Delete TITLE ☐ Change TITLE TREASURER NAME Kevin Wood 3000 N.W. Pine Ave. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Ocala, FL 34475 TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change FITLE ☐ Defete THILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

ING OFFICER OR DIRECTOR

FILED