


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90051 037 ***150.00

DOCUMENT # J14078	
1. Entity Name CITY TIRE OF INVERNESS, INC.	

Principal Place of Business % LOUIS D. HERMANSON 441 SOUTH HWY. 41 INVERNESS, FL 32658 34450	Mailing Address % LOUIS D. HERMANSON 441 SOUTH HWY. 41 INVERNESS, FL 32658 34450
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94042964



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2674169	Applied For Not Applicable
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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 HERMANSON, LOUIS D. 441 SOUTH HWY. 41 INVERNESS, FL 32658 34450

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERMANSON, LOUIS D. 441 S HWY 441 INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERMANSON, MICHAEL 441 S HWY 441 INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERMANSON, DOLORES 441 S HWY 441 INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **Louis D. Hermanson** **3/29/04** **(352) 726-5118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #