


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # J14078 1. Entity Name CITY TIRE OF INVERNESS, INC.	
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Principal Place of Business % LOUIS D. HERMANSON 441 SOUTH HWY. 41 INVERNESS, FL 34450	Mailing Address % LOUIS D. HERMANSON 441 SOUTH HWY. 41 INVERNESS, FL 34450
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

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 34450	DO NOT WRITE IN THIS SPACE
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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 restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERMANSON, MICHAEL 441 S HWY 441 INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERMANSON, DOLORES 441 S HWY 441 INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000300337
04/12/05-80015-013 150.00

**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)(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 Louis D Hermanson **Louis D Hermanson, Pres** 4/8/05 **(352)726-5118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #