2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14078

FILED Apr 29, 2009 Secretary of State

Entity Name: CITY TIRE OF INVERNESS, INC.

Current Principal Place of Business:		of Business:	New Principal Place of Business:	
I1 SOUT	D. HERMANSOI TH HWY. 41 SS, FL 34450	N		
urrent N	lailing Address	:	New Mailing Addres	ss:
I1 SOUT	D. HERMANSOI TH HWY. 41 SS, FL 34450	N		
l Number	: 59-2674169	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
	SON, LOUIS D. TH HWY. 41			
	SS, FL 34450	US		
VERNE	SS, FL 34450		purpose of changing its registere	ed office or registered agent, or both,
VERNE	SS, FL 34450 e named entity su e of Florida. RE:	ubmits this statement for the		ed office or registered agent, or both,
VERNE ne above the Stat GNATU	SS, FL 34450 e named entity so e of Florida. RE: Electronic	ubmits this statement for the		ed office or registered agent, or both, Date
VERNE ne above the Stati GNATU	SS, FL 34450 e named entity so e of Florida. RE: Electronic	ubmits this statement for the		ed office or registered agent, or both, Date
VERNE. ne above the State GNATU ection Ca	SS, FL 34450 e named entity so e of Florida. RE: Electronic	ubmits this statement for the construction of Registered Age Trust Fund Contribution ().	ent	
VERNE e above the State GNATU ection Cal FFICER e: me: dress:	SS, FL 34450 e named entity sie of Florida. RE: Electronic mpaign Financing S AND DIRECT	ubmits this statement for the constraint of Registered Age Trust Fund Contribution (). ORS: Delete DUIS D.	ent	Date
verne. The above the State GNATU Section Car	SS, FL 34450 e named entity stee of Florida. RE: Electronic mpaign Financing S AND DIRECT PD ()I HERMANSON, Le 441 S HWY 441 INVERNESS, FL	ubmits this statement for the constraint of Registered Agrand Trust Fund Contribution (). ORS: Delete DUIS D. 34450 Delete ICHAEL	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS D HERMANSON PD 04/29/2009