

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46429

FILED
Apr 20, 2005
Secretary of State

Entity Name: FLOTATION TIRE OF BELLE GLADE, INCORPORATED

Current Principal Place of Business:

700 N.W. AVENUE L.
BELLE GLADE, FL 33430

New Principal Place of Business:

15034 TIMBERLANE PL.
LOXAHATCHEE, FL 33470

Current Mailing Address:

POST OFFICE BOX 489
LOXAHATCHEE, FL 33440 04

New Mailing Address:

POST OFFICE BOX 489
LOXAHATCHEE, FL 33470 US

FEI Number: 59-2769173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURTISS, DONALD E.
POST OFFICE BOX 489
LOXAHATCHEE, FL 33470 04

Name and Address of New Registered Agent:

CURTISS, DONALD E.
POST OFFICE BOX 489
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE:

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CURTISS, DONALD E
Address: POST OFFICE BOX 489
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP () Delete
Name: CURTISS, LORI K
Address: POST OFFICE BOX 489
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: ST () Delete
Name: CURTISS, DONALD E
Address: POST OFFICE BOX 489
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD E. CURTISS

PD

04/20/2005

Electronic Signature of Signing Officer or Director

Date