


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # J84620 1. Entity Name KISSIMMEE TIRE CENTER, INC.	
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Principal Place of Business % JOSE J. ESCOBALES 3406 W. VINE ST. KISSIMMEE, FL 34741	Mailing Address % JOSE J. ESCOBALES 3406 W. VINE ST. KISSIMMEE, FL 34741
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02052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2833436	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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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ESCOBALES, JOSE J. 3406 W. VINE ST. KISSIMMEE, FL 32741	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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESCOBALES, JOSE J 14113 SNEAD CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESCOBALES, ERIC R 2519 SMITHFIELD DRIVE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESCOBALES, ANTONIA M 14113 SNEAD CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESCOBALES, JOSE M 14113 SNEAD CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000232828

04/01/05-80002-021 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/05