



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K59034</b> 1. Entity Name <b>THE TIRE &amp; SERVICENTER, INC.</b>		
Principal Place of Business <b>251 W DEARBORN ST ENGLEWOOD, FL 34223</b>	Mailing Address <b>251 W DEARBORN ST ENGLEWOOD, FL 34223</b>	
4. FEI Number <b>65-0079748</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fees Required
6. Name and Address of Current Registered Agent  <b>MARCHESE, JOE 251 W. DEARBORN ST. ENGLEWOOD, FL 34223</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDP <b>MARCHESE, JOSEPH 18894 ACKERMAN AVENUE PORT CHARLOTTE, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROE, RONALD LEE SR. 366 W. SPRINGLAKE BLVD. PORT CHARLOTTE, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">             U00000258977              03/11/05-80005-014 150.00           </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.		
<b>SIGNATURE:</b>  <b>JOE MARCHESE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date <b>1-11-05</b>		Daytime Phone # <b>941-475-9511</b>