


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90034 001 *1,500.00

DOCUMENT # L56411 1. Entity Name SUN TIRE & AUTOMOTIVE SERVICE OF PARK AVENUE, INC.					
Principal Place of Business 706 PARK AVENUE ORANGE PARK, FL 32073 US			Mailing Address 6807 STUART LANE SOUTH JACKSONVILLE, FL 32254		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2997583				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOTOLAW, INC. 50 NORTH LAURA STREET SUITE 2500 JACKSONVILLE, FL 32202			Name EDCOLAW, INC. Street Address (P.O. Box Number is Not Acceptable) 6 East Bay Street Suite 500 City Jacksonville FL Zip Code 32202		
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. EDCOLAW, Inc., by Laura W. Austin, Secretary SIGNATURE <u><i>Laura W. Austin, Secretary</i></u> DATE <u><i>2/5/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ERICKSON, RICHARD J. 2541 SPREADING OAKS LANE JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ERICKSON, DIANE D 2541 SPREADING OAKS LANE JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>1/30/04</i></u> <small>Date</small>		<u><i>(904)6930990</i></u> <small>Daytime Phone #</small>	