

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M94878				
1. Entity Name SON'S TIRE CENTER, INC.				
Principal Place of Business % JAMES NOLAN CHANCE 202 S. WAUKESHA ST. BONIFAY, FL 32425		Mailing Address % JAMES NOLAN CHANCE 202 S. WAUKESHA ST. BONIFAY, FL 32425		
DO NOT WRITE IN THIS SPACE				
			01122004 No Chg-P CR2E034 (10/03)	
			4. FEI Number 59-2910924	Applied For Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHANCE, JAMES NOLAN 202 S. WAUKESHA ST. BONIFAY, FL 32425			DO NOT WRITE IN THIS SPACE	
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.</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____				
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			DO NOT WRITE IN THIS SPACE 000000004793 01/15/04-80026-010 150.00	
TITLE	PD			
NAME	CHANCE, JAMES NOLAN			
STREET ADDRESS	504 N. HUBBARD ST.			
CITY- ST- ZIP	BONIFAY, FL			
TITLE	VSTD			
NAME	CHANCE, MRS			
STREET ADDRESS	504 N HUBBARD ST			
CITY- ST- ZIP	BONIFAY, FL			
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
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.			James Nolan Chance 1-12-04 850-547-3388	
SIGNATURE: <i>James Nolan Chance</i>			Date Daytime Phone #	