

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90053 042 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01152005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2910924				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHANCE, JAMES NOLAN 202 S. WAUKESHA ST. BONIFAY, FL 32425			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CHANCE, JAMES NOLAN 504 N. HUBBARD ST. BONIFAY, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSTD CHANCE, MRS 504 N HUBBARD ST BONIFAY, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSTD CHANCE, VIRGINIA 504 N HUBBARD ST BONIFAY, FL 32425
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
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: <i>James Nolan Chance</i>		James Nolan Chance President		1-25-05 850-547-3388	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	