


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N92000000087 1. Entity Name BREVARD TIRE DEALERS ASSOCIATION, INC. |  |
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| Principal Place of Business 730 WASHBURN ROAD MELBOURNE, FL 32934 US | Mailing Address 4246 TURTLEMOUND ROAD MELBOURNE, FL 32934 |
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DO NOT WRITE IN THIS SPACE



03312005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3175776 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WHITTINGTON, MIKE 730 WASHBURN ROAD MELBOURNE, FL 32934 |
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMISEK, RICK 1004 S WASHINGTON AVE TITUSVILLE, FL 32780 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST WHITTINGTON, MIKE 730 WASHBURN ROAD MELBOURNE, FL 32934 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SPOTTS, FRANK 805 FLORIDA AVE COCOA, FL 32922 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREEN, MIKE 9318 E COLONIAL DRIVE SUITE A101 ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREDA, DAN 1609 NORTH COCOA BLVD COCOA, FL 32922 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/04/05-80038-017 61.25

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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)(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 617, 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: Mike Whittington 4-1-05 321-2425956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #