

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000060311

1. Entity Name
MIKE'S TIRES, INC.



Principal Place of Business
15767 NW 112TH TERR
LAKE BUTLER, FL 32054

Mailing Address
15767 NW 112TH TERR
LAKE BUTLER, FL 32054

FILED

Jul 10, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3661445
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JENKINS, LINDA
15767 NW 112TH TR
LAKE BUTLER, FL 32054

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

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, LINDA 15767 NW 112TH TR LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, MIKE 15767 NW 112TH TR LAKE BUTLER, FL 32054
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07/10/08-80007-008 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael E Jenkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/08
Date

Daytime Phone #