

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90305 017 ***150.00

DOCUMENT # P00000088265 1. Entity Name A. W. STUBBENDICK TIRE & AUTO, INC.					
Principal Place of Business 5100 COMMERCIAL WAY SPRING HILL, FL 34606			Mailing Address 5100 COMMERCIAL WAY SPRING HILL, FL 34606		
2. Principal Place of Business 322 Suzanne Ave Suite, Apt. #, etc.		3. Mailing Address 322 Suzanne Ave Suite, Apt. #, etc.			
City & State Spring Hill, FL Zip Country 34607 USA		City & State Spring Hill, FL Zip Country 34607 USA		4. FEI Number 59-3672251 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01142005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent STUBBENDICK, ALLEN W 5100 COMMERCIAL WAY SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 322 Suzanne Ave City Spring Hill FL Zip Code 34607		
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 4-14-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D STUBBENDICK, ALLEN W 5100 COMMERCIAL WAY SPRING HILL, FL 34606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 322 Suzanne Ave Spring Hill, FL 34607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M Matthew Stubbendick 4425 Barbara St New Port Richey, FL 34652	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M Tom McCormick 8230 U.S. Hwy 19 Port Richey, FL 34668	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			4-14-05 352-398-1701 <small>Date Daytime Phone #</small>		