2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000090312

1. Entity Name
DJ'S TIRE, INC.

Principal Place of Business	Mailing Address
~~1850 MAYPORT RD.~~ ~~ATLANTIC BEACH, FL 32233~~ 3317 W. Beaver ST JAx FlA 32254	Djs Tire, Inc. 3317 W. Beaver St. Jacksonville, FL 32254

DO NOT WRITE IN THIS SPACE

04232004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3672521	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOMOREK, JOHN
~~1850 MAYPORT ROAD~~
~~ATLANTIC BEACH, FL 32233~~
3317 W. BEAVER ST
JAx. FlA 32254

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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 _John Komorek_ John Komorek

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 4/26/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KOMOREK, JOHN
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Djs. Tire, Inc.
NAME	3317. W. Beaver St.
STREET ADDRESS	Jacksonville, FL 32254
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _John Komorek_ John Komorek   4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #