


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000106589					
1. Entity Name DISCOUNT BRAKE & TIRE, INC.					
Principal Place of Business 2755 S.E. 58TH AVE. OCALA FL 34471			Mailing Address 2755 S.E. 58TH AVE. OCALA FL 34471		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3686164	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARGANA, LEONARD J 2755 S.E. 58TH AVE. OCALA FL 34471				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	ARGANA, LEONARD J				
STREET ADDRESS	2755 S.E. 58TH AVE.				
CITY-ST-ZIP	OCALA FL 34471				
TITLE	NAME <input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
NAME					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	U00000311238				
STREET ADDRESS	04/18/05-80036-015 150.00				
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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: Leonard J. Argana **LEONARD J. ARGANA 4-15-05 352-624-1185**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #