


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P00000109891	
1. Entity Name ALEX'S TIRE SHOP, INC.	

Principal Place of Business 6480 RESTLAWN DR. JACKSONVILLE, FL 32208	Mailing Address 6480 RESTLAWN DR. JACKSONVILLE, FL 32208
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**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3671971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GARVIN, ALEX T 6480 RESTLAWN DR. JACKSONVILLE, FL 32208
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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 Alex T. Garvin ALEX T. GARVIN 03-28-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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	D GARVIN, ALEX 5921 CHIRSTORBEL AVE. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARVIN, ALEX 5921 CHIRSTORBEL AVE. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARVIN, GUSSIE 5921 CHIRSTORBEL AVE. JACKSONVILLE, FL 32208
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03/31/05-80043-022 150.00

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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: Alex T. Garvin ALEX T. GARVIN 03-28-05 (904) 7646089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #