

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90031 006 ***150.00

DOCUMENT # P00000112496

1. Entity Name
CARROLLWOOD TIRE, INC.



Principal Place of Business
3521 BELL SHOALS ROAD
VALRICO, FL 33594-6187

Mailing Address
3521 BELL SHOALS ROAD
VALRICO, FL 33594-6187

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3678601

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D.C. LONG
6822 OLD POLK CITY ROAD
LAKELAND, FL 33809

7. Name and Address of New Registered Agent

Name Shawn Long
Street Address (P.O. Box Number is Not Acceptable)

3521 BELL Shoals Rd

City VALRICO

FL

Zip Code 33594

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
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 PD ☐ Delete
NAME LONG, D.C.
STREET ADDRESS 6822 OLD POLK CITY ROAD
CITY-ST-ZIP LAKELAND, FL 33809

TITLE SD ☒ Delete
NAME LONG, DEANNA
STREET ADDRESS 6822 OLD POLK CITY ROAD
CITY-ST-ZIP LAKELAND, FL 33809

TITLE VP ☐ Delete
NAME LONG, SHAWN
STREET ADDRESS 3521 BELL SHOALS ROAD
CITY-ST-ZIP VALRICO, FL 335946187

TITLE VP ☐ Delete
NAME LONG, SHANNON
STREET ADDRESS 3521 BELL SHOALS ROAD
CITY-ST-ZIP VALRICO, FL 335946187

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP, S, D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #