<sup>**</sup> 2005 FOR PROFIT CORPORATION ANNUAL REPORT					FILED			
DOCUMENT # P01000078485 1. Entity Name ST. LUCIE BATTERY & TIRE OF OKEECHOBEE, INC.					Apr 0 Sec	2, 20 creta	05 08:00 AM ry of State	
5500 ORAN	GE AVENUE	adling Address 5500 ORANGE AVENUE ORT PIERCE, FL 34947						
<b>C</b>	DO NOT WRITE II	CE	02112005     No Chg-P     CR2E034 (10/03)       4. FEI Number     Applied For       59-3736883     Not Applicable       5. Certificate of Status Desired     \$8.75 Additional       Fee Required     Fee Required					
MILLER, JOSEPH G 5500 ORANGE AVENUE FORT PIERCE, FL 34947			DO NOT WRITE IN THIS SPACE					
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 tille if applicable  (NOTE Registered Agent signature required when reinstating)  DATE								
	E NOWIII FEE 13 \$150.00 ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIRE	9. Election Campaign Fina Trust Fund Contribution.		00 May Be ed to Fees		- <u></u>	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, JOSEPH G 5500 ORANGE AVENUE FORT PIERCE, FL 34947		U00000285473 04/02/05-80045-017 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		······································	-					
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(0). Florida Statutes. I further certify that the information indicated on this report or supplemental provide 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 enhowered 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 another of the empowered to the empowered.								
SIGNATURE:								