


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90044 017 \*\*\*150.00

<b>DOCUMENT # P01000115136</b> 1. Entity Name <b>TOTAL TIRE, INC.</b>																																	
Principal Place of Business <b>3050 SW MARTIN HWY. PALM CITY, FL 34990</b>			Mailing Address <b>PO BOX 2252 PALM CITY, FL 34991</b>																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>3050 SW. MARTIN Hwy</b> Suite, Apt. #, etc.																															
City & State City: <b>Palm City</b> State: <b>FL</b>		4. FEI Number <b>01-0590399</b>		Applied For <input type="checkbox"/> Not Applicable																													
Zip <b>34990</b>		Country <b>MARTIN</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>WATSON, SCOTT 4904 SW LAKE GROVE CIR. PALM CITY, FL 34990</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3050 SW MARTIN Hwy.</b> City <b>Palm City</b> State <b>FL</b> Zip Code <b>34990</b>																														
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>DPST WATSON, SCOTT</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4904 SW LAKE GROVE CIR.</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>PALM CITY, FL 34990</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	<b>DPST WATSON, SCOTT</b>	<input type="checkbox"/>	STREET ADDRESS	<b>4904 SW LAKE GROVE CIR.</b>		CITY - ST - ZIP	<b>PALM CITY, FL 34990</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td><b>3050 SW. MARTIN Hwy</b></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Palm City FL 34990</b></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>Palm City FL 34990</b></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME	<b>3050 SW. MARTIN Hwy</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	<b>Palm City FL 34990</b>			CITY - ST - ZIP	<b>Palm City FL 34990</b>		
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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.																																	
<b>SIGNATURE:</b> <u><i>Scott Watson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u><i>3/1/04</i></u> Daytime Phone # <u><i>772-287-1213</i></u>																													

94026484



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