

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P02000000196

1. Entity Name

SAMPLE TIRE, INC.



Principal Place of Business

11491 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

Mailing Address

6921 W. CYPRESS DRIVE  
PARKLAND, FL 33067



04082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0551938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LESCHINSKY, SHARON  
6921 W. CYPRESS HEAD DR.  
PARKLAND, FL 33067

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reactivating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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  
NAME LESCHINSKY, RONALD  
STREET ADDRESS 6921 W. CYPRESS DRIVE  
CITY-ST-ZIP PARKLAND, FL 33067

TITLE DVST  
NAME LESCHINSKY, SHARON  
STREET ADDRESS 6921 W. CYPRESS DRIVE  
CITY-ST-ZIP PARKLAND, FL 33067

TITLE  
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04/23/08-80117-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-08 954-43-114  
4-8-08 954-755-8911