


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000016539</b> 1. Entity Name TIRESPO.T.COM INC.	
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Principal Place of Business 40347 US HWY 19 STE 207 TARPON SPRINGS, FL 34689	Mailing Address 40347 US HWY 19 STE 207 TARPON SPRINGS, FL 34689
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**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3619184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
METCALFE,  
40347 US HWY 19 STE 207  
TARPON SPRINGS, FL 34689

**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 reissuing) DATE

<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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	P METCALFE, GREG 40347 US HWY 19 STE 207 TARPON SPRINGS, FL 34689
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63000044445  
04/30/04-20139-004 150.00

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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: Greg J. Metcalfe Greg J. Metcalfe 4/26/04 (727) 942-4211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #