




**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000016539		
1. Entity Name TIRESPO.T.COM INC.		
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
DO NOT WRITE IN THIS SPACE		
		
06282005 No Chg-P CR2E034 (10/03)		
4. FEI Number 04-3619184		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Aug 27.05 7279424105		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____		