

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90253 042 ***150.00

DOCUMENT # P02000029919 1. Entity Name INFINITY TIRES & ACCESSORIES, INC.					
Principal Place of Business 701 N WABASH AVE LAKELAND, FL 33815			Mailing Address 701 N WABASH AVE LAKELAND, FL 33815		
2. Principal Place of Business Suite, Apt. #, etc. 500 E. CANAL STREET			3. Mailing Address Suite, Apt. #, etc. 500 E. CANAL STREET		
City & State MULBERRY FL			City & State MULBERRY FL		
Zip 33860		Country USA		Zip 33860	
Country USA		4. FEI Number 02-0505704 59-3599946			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WADE, MATTHEW 701 N WABASH AVE LAKELAND, FL 33815				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500 E. CANAL STREET City MULBERRY FL Zip Code 33860	
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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, S KEIF 701 N WABASH AVE LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 E. CANAL ST MULBERRY FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, MATTHEW 701 N WABASH AVE LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 E. CANAL ST MULBERRY FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, STEVEN B 701 N WABASH AVE LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 E. CANAL ST. MULBERRY FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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04292004 Chg-P CR2E034 (10/03)

4. FEI Number
02-0505704 59-3599946

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
500 E. CANAL STREET
 City **MULBERRY FL** Zip Code **33860**

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 _____

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
☒ Change ☐ Addition
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MULBERRY FL 33860**

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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 another like empowered.

SIGNATURE: _____ Date **4-30-04** Daytime Phone # **863-559-0683**