## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 09, 2004 8:00 am Secretary of State

| DOCUMENT # P03000049821  1. Entity Name D & T TIRES, INC.  |  |   |  |  |                           | 02-09-2004 90        | 0041-01                      | 4 ***158                       | .75                                    |
|--|--|---|--|--|---------------------------|----------------------|------------------------------|--------------------------------|--|
| Principal Place  | e of Business  | Mailing Address                                   | •  | <u> </u>                                 | 1                         |                      | E A                          | กกวห                           | 0 M                                    |
|  |  | 2092 S PARKTON DR.                                |  |  |                           |                      | <b>J4</b>                    | 9037                           | 37                                     |
| DELTUNA, FL  | . 32125  | DELTONA, FL 32725                                 |  |  | }                         |                      |                              |                                |  |
|  |  |   |  |  | <u>.</u> ]                |                      | <b>1</b> 111 <b>115.8</b> 11 |                                | <b> ]]</b>                             |
| Principal Place of Business  |  | 3. Mailing Address                                |  |  |                           | <b>54</b>            |                              | BH (1911) (61                  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                               |  | 01252004                                 | Chg-P                     | CR2E0                | 34 (10/03)                   |                                |  |
| City & State   |  | City & State                                      |  | 4. FEI Number                            | >-00:2-4-                 | ~                    | <del></del>                  | plied For                      |  |
| Zip  | Country  | Zip   | Coun   | itry                                     | 5. Certificate of         | 27737                | N                            | \$8.75 Add                     | t Applicable*                          |
|  |  |   | Ĺ  |  | <u> </u>                  |                      |                              | Fee Require                    | d                                      |
| <u> </u>   | 6. Name and Address of Current F   | legistered Agent                                  | 7,   | Name                                     | 7. Name and A             | ddress of New Re     | gistered A                   | gent                           |  |
| HAAS, ANTONIA A  |  |   | Street Address (P.O. Box Number is Not Acceptable)   |  |                           |                      |                              |                                |  |
| 2092 S PARKTON DR.<br>DELTONA, FL. 32725   |  |   |  | Street Address (                         | P.O. Box Number           | IS NOT Acceptable)   |                              |                                |  |
|  | ,  |   |  | [  |                           |                      |                              |                                |  |
|  |  |   |  | City                                     |                           |                      | FL                           | Zip Code                       | e                                      |
| 8. The above the obligat   | named entity submits this statement for ions of registered agent.  | the purpose of changing its                       | registere  | ed office or registe                     | red agent, or both        | in the State of Flor | ida. Iam f                   | amiliar with,                  | and accept                             |
| SIGNATURE  | Signature, typed or printed name of registered agent a   | nd title if applicable. (NOTi                     | E: Registere   | d Agent signature require                | d 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.  |  |   |  |  | 00                        |                      |                              | <del> </del>                   |  |
| AILE! WA   | ay 1, 2004 Fee will be \$550.0   | Trust Fund Cont                                   |  |  | .00 May Be<br>ded to Fees |                      |                              |                                |  |
| 10.  | OFFICERS AND   |   |  | Add                                      | ded to Fees               | HANGES TO OFFIC      | CERS AND                     | DIRECTORS                      | S IN 11                                |
| 10.  | OFFICERS AND I   |   | 11.  | Add                                      | ded to Fees               | HANGES TO OFFIC      | CERS AND                     | DIRECTORS                      | S IN 11                                |
| 10.  | OFFICERS AND I   | DIRECTORS   | 11. TITLE  | Add                                      | ded to Fees               | HANGES TO OFFIC      | CERS AND                     |                                |  |
| 10.<br>TITLE<br>NAME   | OFFICERS AND I   | DIRECTORS   | 11. TITLE  | Add                                      | ded to Fees               | HANGES TO OFFIC      | CERS AND                     |                                |  |
| 10.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  IITLE   | OFFICERS AND I P HAAS, DARRYL 2092 S PARKTON DR DELTONA, FL 32725 S                                      | DIRECTORS   | TITLE NAM STRE CITY  | E E IIE E E E T ADDRESS -SI-ZIP E        | ded to Fees               | HANGES TO OFFIC      | CERS AND                     |                                |  |
| 10.  IIILE  NAME  STREET ADDRESS  CITY - ST - ZIP  IITLE  NAME   | P HAAS, DARRYL 2092 S PARKTON DR DELTONA, FL 32725 S HAAS, ANTONIA A                                     | DIRECTORS  Delete                                 | 11. TITLE NAM STRE CITY TITLE  | E IE | ded to Fees               | HANGES TO OFFIC      | CERS AND                     | ☐ Change                       | Addition                               |
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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

3-4-04

32/ 239 0347

Daytime Phone #

DARRYL HAAS (PRESIDENT)