


2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2004-90013-006-\$150.00-\$150.00

FILED

04 OCT -7 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|---|--|---|
| DOCUMENT # P03000079114 | |  | |
| 1. Entry Name EXPRESS TIRES PLUS, INC. | | | |
| Principal Place of Business 2213 SW 57TH AVE BAY 7 HOLLYWOOD, FL 33023 | | Mailing Address 2213 SW 57TH AVE BAY 7 HOLLYWOOD, FL 33023 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GRANT, FRITZ 4200 NW 16TH STE 608 LAUDERHILL, FL 33313 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 4. FEI Number 20-0094910 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 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 8, 2004 | | 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 STEWART, BASFORD 1701 NW 46TH AVE LAUDERHILL, FL 33313 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <i>BASFORD STEWART</i> | | 9/6/04 (954)588-1140 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR | | DATE Daytime Phone # | |

