

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90033 006 ***150.00

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1. Entity Name

RONALD TYRE MOBILE REPAIRS, INC



Principal Place of Business

RONALD TYRE
896 SE PEACOCK TERR
LAKE CITY FL 32025

Mailing Address

RONALD TYRE
896 SE PEACOCK TERR
LAKE CITY FL 32025

2. Principal Place of Business

~~LAKE CITY, FL~~

3. Mailing Address

896 S.E. PEACOCK TERR

City & State

LAKE CITY, FL

City & State

LAKE CITY, FLA.

Zip

32025

Country

COLUMBIA

Zip

32025

Country

COLUMBIA

4. FEI Number

20-0399357

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TYRE, RONALD
896 SE PEACOCK TERR
LAKE CITY FL 32-025y

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PV ☐ Delete
NAME TYRE, RONALD
STREET ADDRESS RT 10 BOX 1992 896 S.E. PEACOCK TERR
CITY-ST-ZIP LAKE CITY FL 32025

TITLE ST ☐ Delete
NAME TYRE, LINDA
STREET ADDRESS RT 10 BOX 1932 896 S.E. PEACOCK TERR
CITY-ST-ZIP LAKE CITY FL 32025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Ronald H. Tyre RONALD H. TYRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05

Date

386 303 2639

Daytime Phone #