


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000143767 1. Entity Name LAKE TIRE & AUTO, INC.	
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Principal Place of Business 812 W. BURLEIGH BLVD. TAVARES, FL 32778 US	Mailing Address 812 W. BURLEIGH BLVD. TAVARES, FL 32778 US
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0437935	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

SMITH, RALPH D P
812 W. BURLEIGH BLVD.
TAVARES, FL 32778

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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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, RALPH D 812 W. BURLEIGH BLVD. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, MATTHEW D VP 812 W. BURLEIGH BLVD. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, MARGARET J 812 BURLEIGH BLVD TAVARES, FL 32778
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06/03/08-80058-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerment.

SIGNATURE: Ralph D. Smith 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #