


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90042 042 ***158.75

DOCUMENT # P03000152732

1. Entity Name
COMMERCIAL TIRE & RIM, INC.



Principal Place of Business
**RT. 19, BOX 1144
 LAKE CITY, FL 32025**

Mailing Address
**RT. 19, BOX 1144
 LAKE CITY, FL 32025**

2. Principal Place of Business
1100 N. MARION AVE.

3. Mailing Address
530 S.E. SULTON LOOP


Suite, Apt. #, etc.

City & State
LAKE CITY, FL

City & State
LAKE CITY, FL

Zip
32055 Country
US

Zip
32025 Country
US



02272004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0472368

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

6. Name and Address of Current Registered Agent

**RATLIFF, GEORGIA S
~~RT. 19, BOX 1144~~
 LAKE CITY, FL 32025**

7. Name and Address of New Registered Agent

Name
Georgia S. RATLIFF

Street Address (P.O. Box Number is Not Acceptable)
530 S.E. SULTON LOOP

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 Georgia S. Ratliff **Georgia S. RATLIFF** **Director** 2/27/04
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, 2004 Fee will be \$550.00

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	
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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: Georgia S. Ratliff **Georgia S. RATLIFF** **Director** 2/27/04 (386) 719-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #