

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90002 029 ***550.00

DOCUMENT # P03000154976

1. Entity Name

EMPIRE TIRE & AUTOMOTIVE, INC.



Principal Place of Business

**1075 E STORY ROAD
WINTER GARDEN, FL 34787**

Mailing Address

**1075 E STORY ROAD
WINTER GARDEN, FL 34787**

54070622

2. Principal Place of Business

1075 E. Story Rd.

Suite, Apt. #, etc.

3. Mailing Address

1075 E. Story Rd.

Suite, Apt. #, etc.

City & State

Winter Garden, FL.

City & State

Winter Garden, FL

Zip

34787

Country

USA

Zip

34787

Country

USA

07142004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0498831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, JOHNNY R JR
1075 E STORY ROAD
WINTER GARDEN, FL 34787**

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **DAVIS, JOHNNY R JR**
STREET ADDRESS **15826 GOLDEN CLUB STREET**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **DVS** ☐ Delete
NAME **DAVIS, JOHNNY R SR**
STREET ADDRESS **15826 GOLDEN CLUB STREET**
CITY-ST-ZIP **CLERMONT, FL 34711**

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 *Johnny R. Davis Sr.*
STREET ADDRESS *14826 Lost Lake Rd.*
CITY-ST-ZIP *CLERMONT, FL 34711*

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnny Davis Jr.

7-77-04

Date

407-654-9068

Daytime Phone #