2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021284

Title:

Name:

Address:

City-St-Zip:

Entity Name: TIRE ROUND-UP OF LADY LAKE, INC.

FILED Apr 25, 2005 Secretary of State

That is the first of the base							
Current Principal Place of Business:				New Principal Place of Business:			
	HWAY 27-441 E, FL 32159						
Current Mailing Address:				New Mailing Address:			
217 S. HIGHWAY 27-441 LADY LAKE, FL 32159							
FEI Number: 20-0689146 FEI Number Applied For () FEI Nu			FEI Num	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GROVER, JEFFERY K 217 S. HIGHWAY 27-441 LADY LAKE, FL 32159 US				GROVER, JEFFREY K 217 S. HIGHWAY 27-441 LADY LAKE, FL 32159 US			
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.							
SIGNATURE: JEFFREY K. GROVER				04/25/2005			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () I GROVER, JEFFI 217 S. HIGHWA' LADY LAKE, FL	Y 27-441		Title: Name: Address: City-St-Zip:	,		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP (GROVER, JU 1110 APPLE LEESBURG,	TERRACE	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	GROVER, KA 37211 SHADO) Change (X) Addition THRYN M SEC DW WOOD LN PARK, FL 34731	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

TRES

GROVER, TRACY E TRES

37211 SHADOW WOOD LN

FRUITLAND PARK, FL 34731

() Change (X) Addition

SIGNATURE: JEFFREY K. GROVER PRES 04/25/2005

() Delete