


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90221 006 ***158.75
P04000031515

DOCUMENT # P04000031515

1. Entity Name
ATLANTIC TIRE AND AXLE, INC.



05 JUL 19 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50054937

Principal Place of Business
**4509 SE 95TH STREET
OCALA, FL 34480**

Mailing Address
**P.O. BOX 770656
OCALA, FL 34477**

2. Principal Place of Business
468 Cypress Road

3. Mailing Address
Suite, Apt. #, etc.

City & State
OCALA FL

City & State

Zip
34472

Country
USA

Zip

Country



06232005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0751485

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ROBERTS, JAMES B
4509 S.E. 95TH STREET
OCALA, FL 34480**

7. Name and Address of New Registered Agent

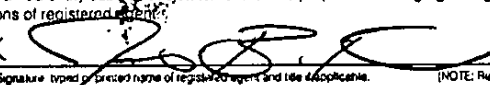
Name

Street Address (P.O. Box Number Is Not Acceptable)
468 Cypress Road

City
FL

Zip Code
34472

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  **6-28-05**
Signature (Typed or Printed Name of Registered Agent and Fee Applicable) (NOTE: Registered Agent signature required when renouncing) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROBERTS, JAMES B 4509 SE 95TH STREET OCALA, FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition 468 Cypress Road 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **6-28-05** **552-687-4181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #