2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099328

Title:

Name:

Address:

City-St-Zip:

FILED Mar 02, 2009 Secretary of State

Entity Name: TIRE SU	IPER CENTER OF LEESBURG	i, INC.		
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
582 SUMMERWOOD DI MINNEOLA, FL 34715	RIVE			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
582 SUMMERWOOD DI MINNEOLA, FL 34715	RIVE			
FEI Number: 20-3168331	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
JOHNSON, BLAIR M 425 SOUTH DILLARD S WINTER GARDEN, FL				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agen		ent	Date	
Election Campaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	

Title: () Delete Title: (X) Change () Addition GRINER, VIRGIL G JR. GRINER, VIRGIL G Name: Name: 582 SUMMERWOOD DRIVE Address: 582 SUMMERWOOD DRIVE Address: City-St-Zip: MINNEOLA, FL 34715 City-St-Zip: MINNEOLA, FL 34715 Title: VP/D () Delete Title: S/D (X) Change () Addition GRINER, VIRGIL G GRINER, LORETTA Name: Name: Address: 582 SUMMERWOOD DRIVE Address: 582 SUMMERWOOD DRIVE MINNEOLA, FL 34715 MINNEOLA, FL 34715 City-St-Zip: City-St-Zip:

(X) Delete Title: S/D () Change () Addition

GRINER, LORETTA Name: 582 SUMMERWOOD DRIVE Address: MINNEOLA, FL 34715 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: VIRGIL G. GRINER Ρ 03/02/2009