


FILED
Mar 07, 2008 8:00 am
Secretary of State

01-24-2008 90044 017 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000099508 1. Entity Name ROY'S TIRES, INC.		
Principal Place of Business ST ROAD 100 AT ST ROAD 216 PALATKA, FL 32177--		Mailing Address P. O. BOX 202 HOLLISTER, FL 32147
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEROY, REAVES SR. 132 CEMETARY ROAD HOLLISTER, FL 32147		DO NOT WRITE IN THIS SPACE
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: <u>Leroy Reaves</u> <u>1/16/08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEROY, REAVES SR. 132 CEMETARY ROAD HOLLISTER, FL 32147	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Leroy Reaves</u> <u>3/5/08</u> <u>386 325-8676</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>		