

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P05000101786

1. Entity Name
RAIDER TIRE, INC.



Principal Place of Business
**1901 INDUSTRIAL PARK DR BLDG D
PLANT CITY, FL 33563**

Mailing Address
**PO BOX 3177
PLANT CITY, FL 33563**



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3179156

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WETHERINGTON, KIMBALL
703 HITCHCOCK ST
PLANT CITY, FL 33563**

**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

Signature, type or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CFOP
NAME	WETHERINGTON, KIMBALL W
STREET ADDRESS	1901 INDUSTRIAL PARK DR BLDG D
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	D
NAME	WETHERINGTON, KIMBALL W
STREET ADDRESS	1901 INDUSTRIAL PARK DR BLDG D
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	V
NAME	HESS, THOMAS ANDREW
STREET ADDRESS	2208 N MERRIN ST
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	STD
NAME	WETHERINGTON, VICKIE L
STREET ADDRESS	1901 INDUSTRIAL PARK DR BLDG D
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/14/07-80048-007 150.00

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBALL WETHERINGTON 4-25-07 813-752-4510

File

Daytime Phone #