

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142267

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: SUNCOAST TIRE SERVICE & ACCESSORIES, INC.

**Current Principal Place of Business:**

4329 HWY 29S  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 312  
LABELLE, FL 33975

**New Mailing Address:**

1220 PINE ST.  
LABELLE, FL 33935

FEI Number: 20-3692990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVAS, JACK  
1220 PINE ST.  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LUNA, ANGEL OWNER  
Address: 785 A RD.  
City-St-Zip: LABELLE, FL 33935

Title: VP ( ) Delete  
Name: RIVAS, JACK OWNER  
Address: 1220 PINE ST.  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RIVAS, JACK OWNER  
Address: 1220 PINE ST.  
City-St-Zip: LABELLE, FL 33935

Title: VP (X) Change ( ) Addition  
Name: RIVAS, ANGELA OWNER  
Address: 1220 PINE ST.  
City-St-Zip: LABELLE, FL 33935

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: ANGELA RIVAS

VP

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date