## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 10, 2005 8:00 am Secretary of State DOCUMENT # P92000014090 1. Entity Name 03-10-2005 90146 040 \*\*\*150.00 GORDIES TIRE SERVICE, INC. Principal Place of Business Mailing Address 237 SW20 ST 237 SW 20 ST FT LAUDERDALE, FL 33315 FT LAUDERDALE, FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 CR2E034 (10/03) Cha-P City & State Applied For City & State 4. FEI Number 65-0394324 Not Applicable Zio Country Zic Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STICKNEY, GORDON E Street Address (P.O. Box Number is Not Acceptable) 237 SW 20TH ST FORT LAUDERDALE, FL 33315 8. The above named ontity 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. GORDON E, STICKNEY 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Delete MILE Change ☐ Addition STICKNEY, GORDON E NAME NAME STREET ADDRESS 237 SOUTHWEST 20 STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL CITY-ST-ZIP TITE X Delete ппе Change Addition NAM/F STICKNEY, LILLIAN L. NAME 237 SOUTHWEST 20 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIF FORT LAUDERDALE, FL CITY-ST-ZP TILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET AUCRESS STREET ADURESS CHY-SI-ZP CITY-ST-ZP TITLE DD F Delete ☐ Change ☐ Add tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete BILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ACKNOWESS CITY-ST-ZIP CETY-ST-ZIP MILE [] [Jelete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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.

GOEDONE . STICKNEY

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED