

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED

2004 MAY 21 PM 3: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021940

1. Entity Name
HARVEY C. SMITH, NEW & USED TRUCK TIRES, INC.



Principal Place of Business
620 NE 5 TERR
CRYSTAL RIVER, FL 34423 US

Mailing Address
P.O. BOX 461
CRYSTAL RIVER, FL 34423 US



05212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0478291

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, HARVEY C
3801 SEMINOLE POINT
CRYSTAL RIVER, FL 34428

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, HARVEY C 3801 SEMINOLE POINT CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300037045063
05/24/04-01079-001 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: See Attached
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

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Business Entity Name

HARVEY C. SMITH, NEW & USED TRUCK TIRES, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FBI Number

650478291

FBI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

620 NE 5 TERR

Suite, Apt. #, etc.

City, State

CRYSTAL RIVER

FL

Zip Code & Country

34423

US

Mailing Address

Address

P.O. BOX 461

Suite, Apt. #, etc.

City, State

CRYSTAL RIVER

FL

Zip Code & Country

34423

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SMITH

HARVEY

C

RA Business Name

Address

3801 SEMINOLE POINT

Suite, Apt. #, etc.

City, State

CRYSTAL RIVER

FL

Zip Code & Country

34428

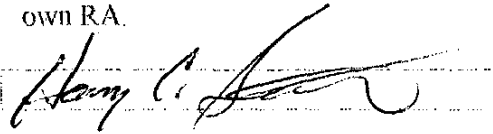
US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a

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business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Document Number

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Business Entity Name

HARVEY C. SMITH, NEW & USED TRUCK TIRES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

5675

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature:

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