

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000044134

Entity Name: C & B TIRE SERVICE, INC.

FILED
Dec 15, 2008
Secretary of State

Current Principal Place of Business:

3754 BURGESS-GEIGER RD
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

P O BOX 460
HILLIARD, FL 32046 US

New Mailing Address:

FEI Number: 59-3259957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEIGER, RUBY
3754 BURGESS-GEIGER RD
HILLIARD, FL 32046 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEIGER, RUBY
Address: 3754 BURGESS-GEIGER RD
City-St-Zip: HILLIARD, FL 32046

Title: VD () Delete
Name: WILLIAMS, JESSIE
Address: 3754 BURGESS-GEIGER RD
City-St-Zip: HILLIARD, FL 32046

Title: SEC () Delete
Name: ANDERSON, SHAWNA
Address: 3684 MARAIRETHA RD
City-St-Zip: YULEE, FL

Title: TREA (X) Delete
Name: LOVELAND, KIMBERLY A
Address: P.O. BOX 1254
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: BATTLES, SHAWNA L
Address: 87365 HAVEN ROAD
City-St-Zip: YULEE, FL 32046

Title: TREA (X) Change () Addition
Name: LOVELAND, KIMBERLY A
Address: P.O BOX 1254
City-St-Zip: HILLIARD, FL 32046

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHAWNA BATTLES

VSD

12/15/2008

Electronic Signature of Signing Officer or Director

Date