

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90003 012 ***150.00

DOCUMENT # P95000000150

1. Entity Name

NOB HILL TIRE & AUTO, INC.



Principal Place of Business

4503 NW 103 AVE. #5
SUNRISE FL 33351

Mailing Address

10157 NW 48TH ST
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

4503 NW 103 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5

City & State

City & State

Sunrise FL

Zip

Country

33351

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0545598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUGHTON, JAMES P
4503 NW 103 AVE. #5
SUNRISE FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGHTON, JAMES P 4503 NW 103 AVE. #5 SUNRISE FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James P. Houghton* JAMES P. Houghton

3-4-04

954-741-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nob Hill Tire & Auto, Inc

Attachment 54058562
Doc. # P9500000150

4503 N.W. 103 Avenue Bay 5
Sunrise, Florida 33361
USA

Phone 954.741.8333
Fax 954.741.9398
Email nhata93@aol.com

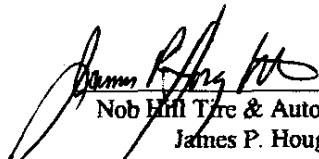
June 15, 2004

Division of Corporations
Annual Report Section
Post Office Box 6850
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed Document # P9500000150 and a check payable to Florida Department of State for the amount of 150.00 . My secretary has been out sick quite often in the last eight months and I just became aware that this document had not been processed. Thank you for your understanding . Please call Monday through Friday 8:30a.m. until 5:30p.m. with any questions or concerns. Thank you and Have a great day!!

Sincerely,


Nob Hill Tire & Auto, Inc.
James P. Houghton