## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000054072



## FILED Feb 24, 2004 8:00 am Secretary of State

NE-RO TI	e RE & BRAKE SERVICE, IN	C.			02-24-2004 90003 007 ***150.00			
	e of Business RADFORD RD. E, FL 32310-5874 US	Mailing Address P.O. BOX 5679 VALDOSTA, GA 31603	US	1.0001000111	man som nakk makk ábbí ástár ább	SJEJA ROJIJ (2548 AJE	1881 SI JBDI	
2. Principal Pl	ace of Business	3. Mailing Address	Ruck TIRE					
Suite, Apt. #, etc. Suite, Apt. #,			'awotetn	Hwy 02202004	Chg-P CR2E	E034 (10/03)		
City & State		City & State Tallahassee, FL		4. FEI Numbe	4. FEI Number 59-3336229			
Zip	Country	zip 38304	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current			7. Name and	Address of New Registered	d Agent		
			Name					
COBB, CO			Street A	Street Address (P.O. Box Number is Not Acceptable)				
	131 NORTH GADSDEN STREET TALLAHASSEE, FL 32301							
			City		F	L Zip Code	<b>3</b>	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office or	registered agent, or bo	th, in the State of Florida. I ar	n familiar with,	and accept	
SIGNATURE_								
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signati	are required when reinstating)	DATE			
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont		<b>\$5.00</b> May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS,	CHANGES TO OFFICERS AT	ND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS	PD NEECE, JACKE 2311 SOUTH PATTERSON STR	☑ Delete EET	TITLE NAME STREET ADDRESS	PD NEECE JAG 2311 SOUT	CHANGES TO OFFICERS AND CARROLL TO OFFICERS AND CARROL	<b>⊡</b> Change	Addition	
CITY-ST-ZIP	VALDOSTA, GA 31601		CITY-ST-ZIP	10-100210	1091C H 31401			
TITLE	SD NEECE, JAC <b>K</b> E JR.	Delete	TITLE NAME	50	KE JR.	Change	☐ Addition	
NAME STREET ADDRESS.	-2638 STREETFAIR LANE	<b>v</b> . •	STREET ADDRESS	NEECE 30	KEJR.  extract Lane  language El 3		2 · •	
CITY-ST-ZIP	TALLAHASSÉE, FL		CITY-ST-ZIP	TALLE	thassee, FL 3	2311		
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME .			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP		☐ Delete	TITLE			☐ Change	Addition	
NAME		L Delete	NAME			Change		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. Thereby	certify that the information supplied with	n this filing does not qualify fo	or the exemption sta	ted in Section 119.07(3)	(i), Florida Statutes. I further o	certify that the i	nformation	

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:	x S	Las	W	Q,
	Sig	NATURE AND TYPED	OR PRINTED N	AME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #