


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000009890	
1. Entity Name ALL-PRO TIRES, INC.	

Principal Place of Business 14853 HIGHWAY 301 DADE CITY, FL 33523	Mailing Address 14853 HIGHWAY 301 DADE CITY, FL 33525
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DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3383116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ODOM, SIDNEY P 14853 HIGHWAY 301 DADE CITY, FL 33525

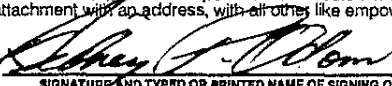
DO NOT WRITE IN THIS SPACE

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 	DATE <u>Aug 30, 2004</u>
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICKLER, YVONNE W 14132 18TH COURT DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOM, SIDNEY P 38025 LAKE DR. DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SICKLER, YVONNE W 38025 LAKE DR. DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ODOM, SIDNEY P 14132 18TH CT DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000171387 09/01/04-80004-014 150.00
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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 	DATE <u>Aug 30, 2004</u> 352 567-1919
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	