

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000089219 1. Entity Name BOSTON TIRE, INC.	
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01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0704413	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

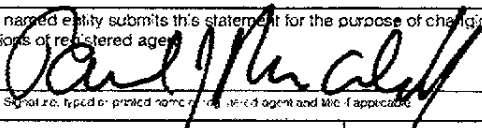
6. Name and Address of Current Registered Agent

**MCALDUFF, PAUL
1301 S.W. 2ND STREET
POPANO BEACH, FL 33069**

**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



(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**U000000036519
02/06/04-80062-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCALDUFF, PAUL
STREET ADDRESS	1301 S.W. 2ND STREET
CITY - ST - ZIP	POMPANO BEACH, FL 33069

TITLE	D
NAME	MCCARTHY, RICHARD
STREET ADDRESS	1301 S.W. 2ND STREET
CITY - ST - ZIP	POMPANO BEACH, FL 33069

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

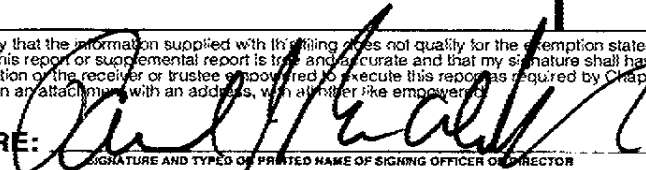
TITLE	
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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(f), 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 employees.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/2/04

DAYTIME PHONE #

954-942-8122