03-24-2004-90024-004****61.25 rll_p97000062787

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000062787 1. Entity Name TIRECO, INC.									O4 APR - SECRETA TALLAMAS				
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Principal Place of Business Mailing Address										94	03494	7	
2600 W SR 434 2600 W SR 434 LONGWOOD, FL 32779 LONGWOOD, FL 32779)				•	•			
									FIII (2008 ETIII OOKE OO		## 1 00 # 04 D 0 # 1 000 # 8 0	TEGU IS CORE	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			5	Suite, Apr. #, etc.				03162004	Chg-P	CR2E	(10/03)		
City & Stat	te			City & State				4. FEI Number 59-3458				oplied For at Applicable	
Zip	Zip Country			Zip Coun			Certificate of Status Desired			S8.75 Additional			
	6. Name	and Address of	Current Regist	nt Registered Agent			7. Name and Address of New Registered Agent					<u> </u>	
JONES, J. MICHAEL						Name							
2600 W SI	R 434						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 Signarus, typeopler privated namy of registered agent and title if applicable. (NOTE: Registered Agent signature required when remasking) DATE													
7.1. 5. C.	/ 1		··· ···	· · · · · · · · · · · · · · · · · · ·	_ - -				<u> </u>				
A	ended AF	tis \$61.25		Election Campain Trust Fund Control		ncing . □,	\$5. Add	.00 May Be ed to Fees					
10.		. OFFICE	RS AND DIREC	TORS-	11.			ADDITIONS/C	HANGES TO OFF	ICERS AN	D DIRECTORS	3 (N) 1	
TITLE "	D	JAMES P		Delete	TITL		V F	_	-0140 6		Change	Addition	
STREET ADORESS	2301 MAI	TLAND CENTE	R PARKWAY	ARKWAY SUITE 240 STRE			3/	100 W 5	DNICA 5 8 434	•		. •	
CITY-ST-ZIP	MAITLAN	D, FL 32751		☐ Delete	CITY	-ST-ZIP		ngwood,	FL 337	179	Channe		
NAME	JONES, J	. MICHAEL		CT Occis	NAM						☐ Change	Addition	
STREET ADCHESS CITY-ST-ZIP	2600 W S LONGWO	R 434 OD, FL 32779				ET ADORESS -St-Zip							
TITLE	 		 	☐ Delete	ПL				·		☐ Change	Addition	
STREET ADORESS		-			NAM STRE	E Et address		•.				•:	
CITY-ST-ZIP		<u> </u>			CITY	-ST-ZIP						·	
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP							
TITLE				☐ Delets	IITL						☐ Change	Addition	
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CITY-ST-ZIP						-\$1-ZIP					<u>. </u>	• .	
TITLE NAME	1		٠	☐ Detete	TITL NAME					•	☐ Change	☐ Addition	
STREET ADDRESS		the the	1	ge of	STRE	ET ADORESS							
12. Thereby	certify that the	a information supp	lied with this file	ing does not qualify for		mption state	ed in Se	ction 119.07(3)(i)	Florida Statutes.	I further co	ertily.that the in	nformation	
12. I hereby certify that the information supplied with this filling 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 supplied state report is frue 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 of installed 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.													
FMAR /													
SIGNAT	TURE: _	SIGNATURE AND T	YAED ON PRINTED	NAME OF SIGNING OFFICER	OR DIREC	TOR		<u> </u>	Dele Dele	<u>70.1</u>	Daysme Phone #	<u> 107</u>	