2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004
Secretary of State

DOCUMENT# P97000065261

Entity Name: TIRE MART OF CHIEFLAND, INC.

Current Principal Place of Business:

6151 NW 124TH PLACE
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 11
CHIEFLAND, FL 326440011

New Mailing Address:

FEI Number: 59-3458803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALEY, WILLIAM J
10 NORTH COLUMBIA STREET
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: BURKE, JAMES W JR.
Address: 592 SW ARREDONDO PL
City-St-Zip: LAKE CITY, FL 32025

Title: VD ( ) Delete
Name: BURKE, JAMES W III
Address: 8538 SW 61ST PL
City-St-Zip: GAINESVILLE, FL 32608

Title: PD ( ) Delete
Name: JOHNSON, DAVID L JR.
Address: RT 19 BOX 11062
City-St-Zip: LAKE CITY, FL 32025

Title: VD ( ) Delete
Name: JOHNSON, JOHN P
Address: RT 11 BOX 3470
City-St-Zip: LAKE CITY, FL 32024

Title: D ( ) Delete
Name: JOHNSON, MICHAEL E
Address: RT 17 BOX 815
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: JOHNSON, DAVID L JR.
Address: RT 17 BOX 823, LAKE LONA LOOP
City-St-Zip: LAKE CITY, FL 32024

Title: VD (X) Change ( ) Addition
Name: JOHNSON, JOHN P
Address: 220 NW CHARLOTTE GLEN
City-St-Zip: LAKE CITY, FL 32024

Title: D (X) Change ( ) Addition
Name: JOHNSON, MICHAEL E
Address: RT 17 BOX 815
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W BURKE STD 02/09/2004

Electronic Signature of Signing Officer or Director Date