

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000065261

FILED
Feb 05, 2008
Secretary of State

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:

1530 NW 26 AVE
CHIEFLAND, FL 32626 US

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: 17811 229TH DRIVE
City-St-Zip: LIVE OAK, FL 320605200 US

Title: VD () Delete
Name: BURKE, JAMES W III
Address: 14477 NW 22ND PL
City-St-Zip: NEWBERRY, FL 326692022 US

Title: PD () Delete
Name: JOHNSON, DAVID L JR.
Address: 673 NW LONA LOOP
City-St-Zip: LAKE CITY, FL 32055 US

Title: VD () Delete
Name: JOHNSON, JOHN P
Address: 220 NW CHARLOTTE GLEN
City-St-Zip: LAKE CITY, FL 32055 US

Title: D () Delete
Name: JOHNSON, MICHAEL E
Address: 674 NW HORIZON ST
City-St-Zip: LAKE CITY, FL 32055 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: JOHNSON, MICHAEL E
Address: 200 SW INWOOD CT
City-St-Zip: LAKE CITY, FL 32025 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

02/05/2008

Electronic Signature of Signing Officer or Director

Date