
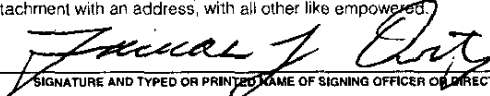


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90026 004 ***150.00

DOCUMENT # P98000002246 1. Entity Name TOMMY'S TIRES & AUTO SERVICE CORP.																													
Principal Place of Business 17055 OVERSEAS HIGHWAY SUMMERLAND KEY, FL 33042			Mailing Address 17055 OVERSEAS HIGHWAY SUGAR LOAF SHORES, FL 33042																										
2. Principal Place of Business 17055 OVERSEAS HWY. Suite, Apt. #, etc.		3. Mailing Address 17055 OVERSEAS HWY. Suite, Apt. #, etc.																											
City & State SUGAR LOAF SHORES, FL		City & State SUMMERLAND KEY, FL		4. FEI Number 65-0813126																									
Zip 33044		Country MONROE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
Zip 33042		Country MONROE		6. Name and Address of Current Registered Agent ORTEGA, THOMAS J 156 SPANISH MAIN DRIVE CUDJOE KEY, FL 33042																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ORTEGA, THOMAS J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>156 SPANISH MAIN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CUDJOE KEY, FL 33042</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	ORTEGA, THOMAS J		STREET ADDRESS	156 SPANISH MAIN		CITY-ST-ZIP	CUDJOE KEY, FL 33042		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  <div style="float: right; text-align: right;"> 3-31-04 305-745-3366 <small>Date Daytime Phone #</small> </div>																													