

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000006616

1. Entity Name
LEAL TIRE SERVICE, INC.



Principal Place of Business
806 CHARLOTT STREET
IMMOKALEE, FL 34142

Mailing Address
806 CHARLOTT STREET
IMMOKALEE, FL 34142

**FILED
Feb 18, 2005 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0810647	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEAL, REYNALDO L
806 CHARLOTT STREET
IMMOKALEE, FL 34142

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEAL, REYNALDO L
STREET ADDRESS 806 CHARLOTT STREET
CITY-ST-ZIP IMMOKALEE, FL 34142

1100000234873
02/18/05-80038-014 150.00

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IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

RECEIVED FEB 16 2005

239-657-4310

SIGNATURE: *Reynaldo Leal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #