

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000061486

1. Entity Name
TIRES ON THE MOVE, INCORPORATED



Principal Place of Business
3049 HUNTINGTON WOODS BLVD.
TALLAHASSEE, FL 32303

Mailing Address
3049 HUNTINGTON WOODS BLVD.
TALLAHASSEE, FL 32303

FILED

07 APR 27 AM 9:21

CLERK OF STATE
TALLAHASSEE, FLORIDA



04262007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3588134

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAURER, CHUCK C
3049 HUNTINGTON WOODS BLVD.
TALLAHASSEE, FL 32303

**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 Chuck Maurer Chuck Maurer owner 4/27/07
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
MAURER, CHARLES
3049 HUNTINGTON WOODS BLVD.
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/03/07--01011--010 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Chuck Maurer Chuck Maurer owner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07
Date Daytime Phone #