

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90443 040 \*\*\*150.00

**DOCUMENT # P99000075507**

1. Entity Name  
C.D.S. TIRE, INC.



Principal Place of Business  
1600 9TH AVE N  
ST PETERSBURG, FL 33713

Mailing Address  
1600 9TH AVE N  
ST PETERSBURG, FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202005

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3602608

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANSICKLE, JOHN R  
1600 9TH AVE N  
ST PETERSBURG, FL 33713

Nar  
James Acct & Tax Svc Inc  
Stre 2942-49th Street N  
City St. Petersburg FL 33710  
Zip Code

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

*James W. James* *LARRY W. JAMES Pres.* 4-20-05  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VANSICKLE, JOHN R	
STREET ADDRESS	1600 9TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33713	
TITLE	<del>VOTD</del> P/S/T	<input type="checkbox"/> Delete
NAME	VANSICKLE, JOSEPH R	
STREET ADDRESS	1600 9TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

*Joseph R. VanSickle* *Joseph R. VanSickle* 4-24-05 727 8985108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #