


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90131 044 ***150.00

DOCUMENT # P990000795911
 1. Entity Name
EAST COAST INDUSTRIAL TIRE, INC.



Principal Place of Business: **11855 N MAIN ST #4 JACKSONVILLE FL 32218**
 Mailing Address: **8545 BEACH BLVD #310 JACKSONVILLE FL 32216**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



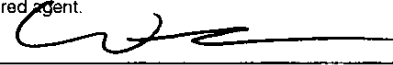
1st MOORE CR2E034 (10/04)

4. FEI Number **59-3594828**
 Applied For: Not Applicable

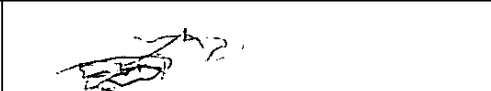
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MOHRMAN, TODD
11855 N MAIN ST #4
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent
 Name: **Steven C. Wildman**
 Street Address (P.O. Box Number is Not Acceptable): **8545 Beach Blvd**
310
 City: **Jax** FL Zip Code: **32216**

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:  **CFO** DATE: **4/15/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State



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

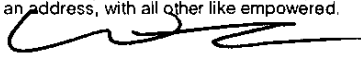
10. OFFICERS AND DIRECTORS

TITLE	MGRD	<input type="checkbox"/> Delete
NAME	WILDMAN, STEVEN C	
STREET ADDRESS	11855 N MAIN ST #4	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	P	<input type="checkbox"/> Delete
NAME	BATTEN, BRIAN	
STREET ADDRESS	11855 N MAIN ST #4	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOHRMAN, TODD	
STREET ADDRESS	11855 N MAIN ST #4	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: **4/15/05** DAYTIME PHONE #: **904 714 0750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #