


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90253 045 ***150.00

DOCUMENT # P99000110825		
1. Entity Name AIR FREE TIRES INCORPORATED		

Principal Place of Business 104 SMITH STREET NEW SMYRNA BEACH, FL 32168 US	Mailing Address 121 QUEEN FREDERIKA COURT N. HUTCHINSON ISLAND, FL 34949-8324 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 104 Smith St. Suite, Apt. #, etc.
---	---

City & State New Smyrna Beach, FL	City & State New Smyrna Beach, FL
Zip 32168	Country USA



04192004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SCHILDWACHTER, ERIC 121 QUEEN FREDERIKA COURT N. HUTCHINSON ISLAND, FL 34949-8324		7. Name and Address of New Registered Agent Name Hugh Waters Street Address (P.O. Box Number is Not Acceptable) 104 Smith St., New City New Smyrna Beach FL Zip Code 32168	
---	--	---	--

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] <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 4/23/04 <small>(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
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATERS, HUGH P 206 N. RIVERSIDE DR. EDGEWATER, FL 321321718 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S SCHILDWACHTER, ERIC F T/S 121 QUEEN FREDERIKA COURT N. HUTCHINSON ISLAND, FL 349498324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Hugh Waters 104 Smith St. New Smyrna, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 it 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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/23/04 DAYTIME PHONE # 386 478-1861