

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S32114

FILED
Jan 05, 2005
Secretary of State

Entity Name: MORGAN TIRE & AUTO, INC.

Current Principal Place of Business:

2021 SUNNYDALE BLVD.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2021 SUNNYDALE BLVD.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3049617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CES () Delete
Name: MORGAN, LARRY C.,
Address: 2021 SUNNYDALE BLVD.
City-St-Zip: CLEARWATER, FL 33765

Title: VP () Delete
Name: SLATTERY, KEVIN
Address: 2021 SUNNYDALE BLVD
City-St-Zip: CLEARWATER, FL 33765

Title: TD () Delete
Name: REEDY, TERRY
Address: 333 EAST LAKE ST.
City-St-Zip: BLOOMINGDALE, IL 60108

Title: DAS () Delete
Name: THORN, W. THOMPSON III
Address: 101 EAST KENNEDY BLVD. SUITE 2800
City-St-Zip: TAMPA, FL 33602

Title: PD () Delete
Name: WATTERSON, STUART
Address: 2021 SUNNYDALE BLVD.
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: MAGEE, LARRY
Address: 2550 W GULF ROAD
City-St-Zip: ROLLING MEADOWS, IL 60008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN SLATTERY

VP

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date