


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

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|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # V50322 1. Entity Name CASSELBERRY TIRE CO. |  |
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| Principal Place of Business 300 LEMON LANE CASSELBERRY, FL 32707-3240 US | Mailing Address 300 LEMON LANE CASSELBERRY, FL 32707-3240 US |
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3164527 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**TAFT, BRADFORD S.
300 LEMON LANE
CASSELBERRY, FL 32707**

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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| 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 | U00000058717 02/20/04-80052-010 150.00 |
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10. OFFICERS AND DIRECTORS

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|----------------------------------------------------|------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP TAFT, BRADFORD S. 7450 VIVIAN LANE ORLANDO, FL 32818 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST HARRIS, ELIZABETH T. 608 NICOMA TRAIL MAITLAND, FL 32751 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D TAFT, BARRETT L. 632 JONATHON COURT FERN PARK, FL 327302786 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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: *Elizabeth T. Harris* **2/16/04** **407 831-0544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #