

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # V50322

1. Entity Name
CASSELBERRY TIRE CO.



Principal Place of Business
**300 LEMON LANE
CASSELBERRY, FL 32707-3240 US**

Mailing Address
**300 LEMON LANE
CASSELBERRY, FL 32707-3240 US**

DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3164527

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

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

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03/18/05-80019-020 150.00

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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05
Date

407 831-0544
Daytime Phone #