


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90034 001 \*1,500.00

<b>DOCUMENT # F40102</b>					
1. Entity Name <b>SUN TIRE &amp; AUTOMOTIVE SERVICE OF ORANGE PARK, INC.</b>					
Principal Place of Business <b>346 BLANDING BLVD ORANGE PARK, FL 32073</b>			Mailing Address <b>6807 STUART LANE SOUTH JACKSONVILLE, FL 32254 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2105093</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOTOLAW, INC. 50 NORTH LAURA STREET SUITE 2500 JACKSONVILLE, FL 32202			Name <b>EDCOLAW, Inc.</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>6 East Bay Street</b>		
			Suite 500		
			City <b>Jacksonville</b>		FL Zip Code <b>32202</b>
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. <b>EDCOLAW, Inc., by Laura W. Austin, Secretary</b>					
SIGNATURE: <i>Laura W. Austin, Secretary</i> DATE: <i>2/5/04</i>					
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"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ERICKSON, RICHARD J		NAME		
STREET ADDRESS	2541 SPREADING OAKS LN		STREET ADDRESS		
CITY-ST-ZIP	MANDARIN, FL 32217		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ERICKSON, DIANE D.		NAME		
STREET ADDRESS	2541 SPREADING OAKS LN		STREET ADDRESS		
CITY-ST-ZIP	MANDARIN, FL 32217		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 reports 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 the empowered.					
SIGNATURE: <i>[Signature]</i>			Date: <i>1/30/04</i> Daytime Phone #: <i>(904) 693-0990</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



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