

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

**DOCUMENT # G19500**  
 1. Entity Name  
**SUN TIRE & AUTOMOTIVE SERVICE OF MANDARIN, INC.**



Principal Place of Business: **9950 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257-5852**  
 Mailing Address: **6807 STUART LANE SOUTH JACKSONVILLE, FL 32254 US**

00402000



2. Principal Place of Business Suite, Apt. #, etc.:  
 3. Mailing Address Suite, Apt. #, etc.:

01082004 Chg-P CR2E034 (10/03)

City & State: \_\_\_\_\_

4. FEI Number: **59-2259186**  
 Applied For:  Not Applicable:

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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

6. Name and Address of Current Registered Agent  
**MOTOLAW, INC.**  
**50 NORTH LAURA STREET**  
**SUITE 2500**  
**JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent  
 Name: **EDCOLAW, INC.**  
 Street Address (P.O. Box Number is Not Acceptable): **6 East Bay Street**  
**Suite 500**  
 City: **Jacksonville FL 32202**

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. **EDCOLAW, Inc. by Laura W. Austin, Secretary**  
 SIGNATURE: *Laura W. Austin* Secretary DATE: **2/5/04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	<b>DPST</b>	<input type="checkbox"/> Delete
NAME	<b>ERICKSON, RICHARD J.</b>	
STREET ADDRESS	<b>2541 SPREADING OAKS LN.</b>	
CITY-ST-ZIP	<b>MANDARIN, FL 32217</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: *[Signature]* DATE: **1/30/04** DAYTIME PHONE #: **(904)6930990**