


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 # G72416					
1. Entity Name SUN TIRE SERVICES, INC.					
Principal Place of Business 6807 STUART LANE SOUTH JACKSONVILLE, FL 32254			Mailing Address 6807 STUART LANE SOUTH JACKSONVILLE, FL 32254		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 EDCOLAW, Inc.	
				Street Address (P.O. Box Number is Not Acceptable) 6 East Bay Street	
				Suite Suite 500	
				City Jacksonville FL Zip Code 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 <u>Laura W. Austin, Secretary</u>				DATE <u>2/5/04</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when retitulating)	
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		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST <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	JACKSONVILLE, 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			
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			
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			
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			
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: <u>[Signature]</u>				Date <u>1/30/04</u> Daytime Phone # <u>(904) 693-0990</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

66402963



01072004 Chg-P CR2E034 (10/03)

4. FEI Number **59-2347402** Applied For Not Applicable

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