

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M00849

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: SOLIDEAL TIRE, INC.

**Current Principal Place of Business:**

2616 E. TAMARIND AVE  
PO BOX 078798  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 790070  
CHARLOTTE, NC 282067900 US

**New Mailing Address:**

FEI Number: 59-2457909      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COX, BARRY J  
1090 CYPRESS WAY  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DANNEELS, PHILIPPE  
Address: 321 ATANDO AVE  
City-St-Zip: CHARLOTTE, NC 28206

Title: D ( ) Delete  
Name: COX, BARRY  
Address: 321 ATANDO AVE.  
City-St-Zip: CHARLOTTE, NC 28206

Title: DP ( ) Delete  
Name: HICKEY, BALDWIN  
Address: 321 ATANDO AVE  
City-St-Zip: CHARLOTTE, NC 28206

Title: S ( ) Delete  
Name: TETTERTON, PHIL  
Address: 321 ATANDO AVE  
City-St-Zip: CHARLOTTE, NC 28206

Title: AS ( ) Delete  
Name: PAUL, KENNETH  
Address: 321 ATANDO AVE  
City-St-Zip: CHARLOTTE, NC 28206

Title: T ( ) Delete  
Name: MILL, JAY  
Address: 321 ATANDO AVENUE  
City-St-Zip: CHARLOTTE, NC 28206

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH PAUL

AS

01/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date