


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

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

**DOCUMENT # P03000022840**

1. Entity Name  
**SUN TIRE & AUTOMOTIVE SERVICE OF MIDDLEBURG, INC.**



Principal Place of Business Mailing Address  
**6807 STUART LANE S JACKSONVILLE, FL 32254**      **6807 STUART LANE S 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

01072004 Chg-P CR2E034 (10/03)

4. FEI Number **11-3678773** Applied For Not Applicable

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

66404000



6. Name and Address of Current Registered Agent  
**MOTOLAW, INC.**  
**50 N LAURA ST STE 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 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 Laura W. Austin, Secretary DATE 2/5/04

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

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	<b>ERICKSON, RICHARD J.</b>
STREET ADDRESS	<b>8807 STUART LANE S</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32254</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	
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)(j), 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: [Signature] DATE: 1/30/04 (904)693-0990