2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # J80929

1. Entity Name
NORTHGATE TIRE, INC.

Principal Place of Business	Mailing Address
% PAUL CHRISTENSEN 1717 LEE RD. ORLANDO, FL 32810	333 THORPE ROAD ORLANDO, FL 32824 US

03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2833488
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTENSEN, PAUL
333 THORPE RD
ORLANDO, FL 32824-8136

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

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042117U8-80079-023-150:00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DILL, SUSAN A
STREET ADDRESS	333 THORPE RD
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	SD
NAME	OTTO, SARAH L
STREET ADDRESS	333 THORPE RD
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	TD
NAME	CHRISTENSEN, FREDERICK L
STREET ADDRESS	333 THORPE RD
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #