2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2004 8:00 am Secretary of State

So Name and Address of Current Registered Agent S. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 8. Name 9. Name 9. Streat Address (P.O. Box Number is Not Acceptable) 9. Streat Address (P.O. Box Number is Not Acceptable) 10. City 11. Name 11. Name 12. Name 13. Name 14. Name 15. Carrifficate of Status Desired 15. Address (P.O. Box Number is Not Acceptable) 15. City 16. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am femiliar with, and acceptable) 16. OFFICERS AND DIRECTORS 17. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Name 18. Streat Address (P.O. Box Number is Not Acceptable) 18. OFFICERS AND DIRECTORS 19. Election Campaign Financing 19. Election Campaign Financing 19. Address Agent is registered agent, or both, in the State of Rorida. I am femiliar with, and acceptable agent, or both, in the State of Rorida. I am femiliar with, and acceptable agent, or both, in the State of Rorida. I am femiliar with, and acceptable agent, or both, in the State of Rorida. I am femiliar with, and acceptable agent, or both, in the State of Rorida. I am femiliar with, and acceptable agent, or both, in the State of Rorida. I am femiliar with, and acceptable agent, or both, in the State of Rorida. I am femiliar with, and acceptable agent, or both, in the State of Rorida. I am femiliar with, and acceptable agent, or both, in the State of Rorida. 16. In the Name agent agent and state agent	1. Entity Name IMMOKALEE TIRES, INC.								04-02-2	2004 90042	041 ***1:	50.00	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREE CITY-	T ADDRESS ST-ZIP						☐ Addition	

12. I nereby certify that the information supplied with this filling 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 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 LOVON'S HALL GRAPH Marjorie Hall Gagron 01.14.04 239.657.3275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ARECTOR

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