

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 331904

Entity Name: IMMOKALEE TIRES, INC.

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

404-NO 15TH ST  
IMMOKALEE, FL 34142 US

**New Principal Place of Business:**

**Current Mailing Address:**

404-NO 15TH ST  
IMMOKALEE, FL 34142 US

**New Mailing Address:**

FEI Number: 59-1274670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOARDMAN, TOM  
1400 15TH STREET N  
IMMOKALEE, FL 34142 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: PSTD ( ) Delete  
Name: GAGNON, MARJORIE HALL  
Address: 1209 LEE ST  
City-St-Zip: IMMOKALEE, FL 34142

Title: DVP ( ) Delete  
Name: GAGNON, PAUL L JR  
Address: 1209 LEE ST  
City-St-Zip: IMMOKALEE, FL 34142

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

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 exemption stated 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 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: MARJORIE HALL GAGNON

PRES

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date