

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90014 040 \*\*\*150.00

**DOCUMENT # F25825**

1. Entity Name

COLLIER CENTRAL TIRE AND SERVICE, INC.



Principal Place of Business

1855 J & C BLVD.  
NAPLES FL 34109  
US

Mailing Address

1855 J & C BLVD.  
NAPLES FL 34109  
US

2. Principal Place of Business

5890 Shirley St.

3. Mailing Address

5890 Shirley St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Naples, FL

City & State  
Naples, FL

4. FEI Number

59-2075322

Applied For

Not Applicable

Zip 34109

Country Collier

Zip 34109

Country Collier

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

O'HARA, JOSEPH M  
2150 GOODLETTE RD  
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HENNELLS, SHIRLEY M.  
STREET ADDRESS 4005 ISLA CUIDAD CT  
CITY-ST-ZIP NAPLES FL 34109

TITLE CO ☐ Delete  
NAME HENNELLS, WILLIAM P  
STREET ADDRESS 4005 ISLA CUIDAD CT  
CITY-ST-ZIP NAPLES FL 34109

TITLE VP ☐ Delete  
NAME HENNELLS, WILLIAM C  
STREET ADDRESS 410 31ST STREET, N.W.  
CITY-ST-ZIP NAPLES FL 34120

TITLE V ☐ Delete  
NAME HENNELLS, SCOTT D.  
STREET ADDRESS 2697 LONGBOAT DR.  
CITY-ST-ZIP NAPLES FL 34104

TITLE VP ☐ Delete  
NAME HENNELLS, DANN P.  
STREET ADDRESS 511 23RD ST. NW  
CITY-ST-ZIP NAPLES FL 34120

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Shirley M. Hennells, President

*Shirley M. Hennells*

Mar. 13, 2006

239  
566-1403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #