

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F25825

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: COLLIER CENTRAL TIRE AND SERVICE, INC.

## Current Principal Place of Business:

5890 SHIRLEY ST  
NAPLES, FL 34109 US

## New Principal Place of Business:

## Current Mailing Address:

5890 SHIRLEY ST  
NAPLES, FL 34109 US

## New Mailing Address:

FEI Number: 59-2075322      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'HARA, JOSEPH M  
2150 GOODLETTE RD  
NAPLES, FL 33940 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: P ( ) Delete  
Name: HENNELLS, SHIRLEY M.  
Address: 4005 ISLA CUIDAD CT  
City-St-Zip: NAPLES, FL 34109

Title: CO ( ) Delete  
Name: HENNELLS, WILLIAM P  
Address: 4005 ISLA CUIDAD CT  
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Delete  
Name: HENNELLS, WILLIAM C.  
Address: 410 31ST STREET, N.W.  
City-St-Zip: NAPLES, FL 34120

Title: V ( ) Delete  
Name: HENNELLS, SCOTT D.  
Address: 2697 LONGBOAT DR.  
City-St-Zip: NAPLES, FL 34104

Title: VP ( ) Delete  
Name: HENNELLS, DANN P.  
Address: 511 23RD ST. NW  
City-St-Zip: NAPLES, FL 34120

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHIRLEY M. HENNELLS

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date