

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J08162

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: PARKER'S TIRE SERVICE & AUTO CARE, INC.

## Current Principal Place of Business:

% JOE INGRAO  
3000 N.W. PINE AVE.  
OCALA, FL 34475

## New Principal Place of Business:

## Current Mailing Address:

% JOE INGRAO  
3000 N.W. PINE AVE.  
OCALA, FL 34475

## New Mailing Address:

FEI Number: 59-2654431      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOD, KEVIN  
3000 N.W. PINE AVE.  
OCALA, FL 34475      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: WOOD, KEVIN  
Address: 3000 N.W. PINE AVE.  
City-St-Zip: Ocala, FL 34475

Title: S ( ) Delete  
Name: WOOD, KEVIN  
Address: 3000 NW PINE AVE  
City-St-Zip: Ocala, FL 34475

Title: T ( ) Delete  
Name: WOOD, KEVIN  
Address: 3000 NW PINE AVE  
City-St-Zip: Ocala, FL 34475

Title: VP ( ) Delete  
Name: INGRAO, JOSEPH  
Address: 3000 N W PINE AVE  
City-St-Zip: Ocala, FL 34475 US

## 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:

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: KEVIN WOOD

P

02/17/2009

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

\_\_\_\_\_  
Date