

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000014090

1. Entity Name  
GORDIES TIRE SERVICE, INC.

Principal Place of Business  
237 SW 20 ST  
FT LAUDERDALE, FL 33315 US

Mailing Address  
237 SW 20 ST  
FT LAUDERDALE, FL 33315 US

DO NOT WRITE IN THIS SPACE

**FILED**  
Jul 06, 2006 8:00 am  
Secretary of State

07-06-2006 90005 021 \*\*\*150.00



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0394324

5. Certificate of Status Desires of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STICKNEY, GORDON E  
237 SW 20TH ST  
FORT LAUDERDALE, FL 33315

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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 with: and 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 \$ FEE IS \$150.00  
Due by September 6, 2006

9. Election Campaign Financing

\$5.00 May Be

In accordance with s. 607.193(2)(b)

10. 10.

OFFICERS AND DIRECTORS AND DIRECTORS

TITLE NAME P P  
STICKNEY, GORDON E  
STREET ADDRESS 237 SW 20TH ST  
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied 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:

*Gordon E. Stickney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-06

Date

Daytime Phone #