


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000010737</b> 1. Entity Name IMMOKALEE ROAD, INC.	
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Principal Place of Business 11983 NORTH TAMiami TRAIL #100 NAPLES, FL 34110	Mailing Address 11983 NORTH TAMiami TRAIL #100 NAPLES, FL 34110
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**DO NOT WRITE IN THIS SPACE**



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0891129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

CORPORATE REGISTERED AGENT, LLC  
5147 CASTELLO DR  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

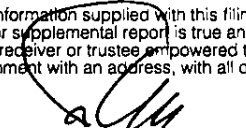
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEAGLE, JAMES 425 DOCKSIDE DRIVE #801 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOVLAND, STEVEN T 11983 NORTH TAMiami TRAIL NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, RANDY 1786 TRADE CENTER WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000836051  
03/04/08-80002-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **2-19-08** (232) 544-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Steven T. Hovland