

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000084720**

1. Entity Name  
**MICK'S TIRE AND AUTO SERVICE, INC.**



Principal Place of Business

**1069 N. TAMiami TRAIL  
NORTH FORT MYERS, FL 33903 US**

Mailing Address

**1069 N. TAMiami TRAIL  
NORTH FORT MYERS, FL 33903 US**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0950182**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LARROW, PAUL L  
3501-312 DEL PRADO BLVD.  
CAPE CORAL, FL 33904**

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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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | DP                   |
| NAME           | BRANDON, MICK        |
| STREET ADDRESS | 3521 SE 19TH PL      |
| CITY-ST-ZIP    | CAPE CORAL, FL 33904 |
| TITLE          | DVPT                 |
| NAME           | BRANDON, ADRIA       |
| STREET ADDRESS | 3521 SE 19TH PL      |
| CITY-ST-ZIP    | CAPE CORAL, FL 33904 |
| 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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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:**

*Adrian Brandon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/06 239 997 1177**  
Date Daytime Phone #