2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506039

W. MELBOURNE, FL

City-St-Zip:

Entity Name: BLICK-MAN'S ALITO CARE INC.

FILED Jan 15, 2005 Secretary of State

Elluty Nai	IIIe: BUCK-IVI.	AN S AUTO CARE, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
7707 ELLIS WEST ME	S ROAD ELBOURNE, FI	_ 329041187			
Current M	lailing Addres	ss:	New Mailing Address:		
7707 ELLIS WEST ME	S ROAD ELBOURNE, FL	_ 329041187			
FEI Number:	: 59-1677524	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:	
	S ROAD GOURNE, FL				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (TURMAN, JAM 7707 ELLIS RO W. MELBOURI	DAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V (TURMAN,JULIE 7707 ELLIS RO		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES L. TURMAN P 01/15/2005