


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90081 040 \*\*\*150.00

DOCUMENT # F02000001234					
1. Entity Name TOTAL CAR FRANCHISING CORPORATION					
Principal Place of Business 642 CENTURY CIRCLE CONWAY, SC 29526			Mailing Address 642 CENTURY CIRCLE CONWAY, SC 29526		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 57-0940755	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, JEFFREY L		NAME	Askew, Don	
STREET ADDRESS	642 CENTURY CIRCLE		STREET ADDRESS	642 Century Circle	
CITY-ST-ZIP	CONWAY, SC 29526		CITY-ST-ZIP	Conway, SC 29526	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, CATHERINE H		NAME		
STREET ADDRESS	642 CENTURY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CONWAY, SC 29526		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBROSE, JUDITH A		NAME		
STREET ADDRESS	642 CENTURY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CONWAY, SC 29526		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMINGWAY, ISHA G		NAME		
STREET ADDRESS	642 CENTURY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CONWAY, SC 29526		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKMAN, DENNIS		NAME		
STREET ADDRESS	2009 BELAST RD		STREET ADDRESS		
CITY-ST-ZIP	SACRAMENTO, CA 95825		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, WAYNE		NAME		
STREET ADDRESS	642 CENTURY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CONWAY, SC 29526		CITY-ST-ZIP		
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: <i>Isha Hemingway</i>			1/17/07		843-347-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #