

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # H06722

1. Entity Name

G & C FOREIGN CAR REPAIR AND SALE, INC.



Principal Place of Business

**1900 N. DIXIE HIGHWAY
WEST PALM BEACH, FL 33407**

Mailing Address

**1900 N. DIXIE HIGHWAY
WEST PALM BEACH, FL 33407**



04292005

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-2418065

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHANDLER, HANNA
132 WOODLAKE CIRCLE
GREENACRES, FL 33463**

**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

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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

**UN00000355051
05/03/05-80132-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE VP
NAME CHANDLER, HANNA
STREET ADDRESS 132 WOODLAKE CIRCLE
CITY-ST-ZIP GREENACRES, FL 33463

TITLE P
NAME GLOWALA, ANDRZEJ
STREET ADDRESS 139 WOODLAKE CIRCLE
CITY-ST-ZIP GREENACRES, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hanna M. Chandler **Hanna M. Chandler** **4/29/05** **(561) 833-8352**