


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000069787


1. Entity Name
RICK CASE CARS, INC.



Principal Place of Business
500 EAST BROWARD BLVD SUITE 1950
FORT LAUDERDALE, FL 33394

Mailing Address
500 EAST BROWARD BLVD SUITE 1950
FORT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1041944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDIN, DAVID C
500 EAST BROWARD BLVD SUITE 1950
FORT LAUDERDALE, FL 33394

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

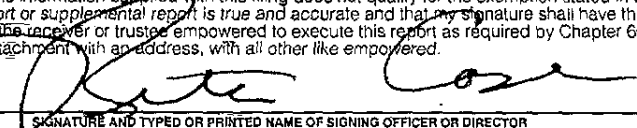
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, RICK 949 HILLSBORO MILE HILLSBORO BEACH, FL 33062
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/18/05 954-377-7420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Me Phone #