

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-02-2006 90212 038 ***150.00

DOCUMENT # P05000037508 1. Entity Name F&M CAR CARE, INC.					
Principal Place of Business 6821 HERITAGE DR PORT ST LUCIE FL 34952 US			Mailing Address 6821 HERITAGE DR PORT ST LUCIE FL 34952 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04-3842689	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KOEHLER, FRANK T 6821 HERITAGE DR PORT ST LUCIE FL 34952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE <u>n/a</u> Signature, typed or printed name of registered agent and title if applicable				DATE <u>n/a</u> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$650.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐	
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT KOEHLER, FRANK T 6821 HERITAGE DR PORT ST LUCIE FL 34952		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Frank T. Koehler</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>4-10-06</u> Daytime Phone #	