


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90050 002 ***150.00

DOCUMENT # P97000101225

1. Entity Name
COMMERCIAL AUTO CARE CENTER, INC.



Principal Place of Business Mailing Address
947 CLINT MOORE ROAD **947 CLINT MOORE ROAD**
BOCA RATON, FL 33487 **BOCA RATON, FL 33487**

40012049



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01302007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0794475 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HEISE, MARTIN 947 CLINT MOORE ROAD BOCA RATON, FL 33487		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

947

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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 D NAME HEISE, MARTIN STREET ADDRESS 947 CLINT MOORE ROAD CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 947 Clint Moore Road STREET ADDRESS Boca Raton, Fl 33487 CITY-ST-ZIP	
TITLE D NAME BERSON, GERALD STREET ADDRESS 947 CLINT MOORE ROAD CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 947 Clint Moore Road STREET ADDRESS Boca Raton, Fl 33487 CITY-ST-ZIP	
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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 of 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 name and address with all other like empowered.

SIGNATURE:  Date: **2-1-07** Daytime Phone #: **561-997-0045**