

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J03089

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC9404303629**

**Entity Name:** HARBOR AUTO CARE, INC.

**Current Principal Place of Business:**

2121 U.S. HIGHWAY 1  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

2121 U.S. HIGHWAY 1  
ROCKLEDGE, FL 32955

**FEI Number: 59-2626933**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TETRO FRANK  
2520 CROOKED ANTLER DRIVE  
MELBOURNE, FL 32934 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name TETRO, WILLIAM A JR.  
Address 789 OAK PARK DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title DST  
Name TETRO, FRANK SR.  
Address 3530 CHARLTON PLACE  
City-State-Zip: MELBOURNE FL 32934

Title D  
Name TETRO, FRANK SR.  
Address 2520 CROOKED ANTLER DRIVE  
City-State-Zip: MELBOURNE FL 32934

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: FRANK TETRO, SR.**

**CORP. SECRETARY**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date