

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000044140

**Entity Name:** 535 AUTO CARE CENTER INC.

**Current Principal Place of Business:**

13480 STATE ROAD 535  
ORLANDO, FL 32821

**Current Mailing Address:**

13480 STATE ROAD 535  
ORLANDO, FL 32821

**FEI Number:** 27-0199328

**Certificate of Status Desired:** No

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

NELSON, TAMEE L  
2836 INDIGO BAY DRIVE  
KISSIMMEE, FL 34744 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	P.	Title	VP
Name	NELSON, WILLIAM M	Name	NELSON, TAMEE L
Address	2836 INDIGO BAY DRIVE	Address	2836 INDIGO BAY DRIVE
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744

*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:** WILLIAM NELSON

P.

04/14/2013

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

\_\_\_\_\_  
Date