

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000039094

**FILED**  
**Feb 16, 2015**  
**Secretary of State**  
**CC4731267904**

**Entity Name:** ADMIRAL AUTO CARE INC

**Current Principal Place of Business:**

7640-2 HOOPER RD  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

7640-2 HOOPER RD  
WEST PALM BEACH, FL 33411

**FEI Number:** 45-5131066

**Certificate of Status Desired:** No

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

IRVING, AVERY  
7640-3 HOOPER RD  
WEST PALM BEACH, FL 33411 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 PT  
Name IRVING, AVERY  
Address 7640-3 HOOPER RD  
City-State-Zip: WEST PALM BEACH FL 33411

Title V  
Name IRVING, JULIAN  
Address 7640-3 HOOPER RD  
City-State-Zip: WEST PALM BEACH FL 33411

Title SECRETARY  
Name IRVING, AUDREY B  
Address 7640-3 HOOPER RD  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** AUDREY B IRVING

**SECRETARY**

**02/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date