

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 366423**

1. Entity Name  
**TERRY'S AUTO CENTER, INC.**



Principal Place of Business

**5 MARKET PLACE CT  
UNIT 4  
PALM COAST, FL 32137 US**

Mailing Address

**PO BOX 354912  
PALM COAST, FL 32135 US**

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1302325**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VANMIDDLESWORTH, TERRY D  
90 CIMMARON DR  
PALM COAST, FL 32137**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
VANMIDDLESWORTH, TERRY D  
90 CIMMARON DR  
PALM COAST, FL 32137**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
VANMIDDLESWORTH, MARTHA M  
90 CIMMARON DR  
PALM COAST, FL 32137**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/22/08-80007-003 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions on indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**Terry Van Middlesworth  
PO Box 354912  
Palm Coast, FL 32135-4912**

certify that the information  
I am an officer or director  
is in Block 10 or Block 11 if

**1/15/08 407-438-3611**  
Date Daytime Phone #