

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 441494

FILED
Jan 28, 2004
Secretary of State

Entity Name: CAPITAL CAR CARE CENTER, INC.

Current Principal Place of Business:

1010 W. THARPE ST.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

1010 WEST THARPE STREET
TALLAHASSEE, FL 32303

New Mailing Address:

1010 WEST THARPE STREET
TALLAHASSEE, FL 32303 US

FEI Number: 59-1512373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNELL, JOHN A.
1010 W. THARPE ST.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCONNELL, JOHN A.
Address: 1909 SHERWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD () Delete
Name: MCCONNELL, ELAINE F.
Address: 1909 SHERWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD () Delete
Name: MCCONNELL, JOHN R
Address: 3102 MCCORD BLVD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN A. MCCONNELL

PD

01/28/2004

Electronic Signature of Signing Officer or Director

_____ Date