

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90116 014 \*\*\*150.00

**DOCUMENT # 606189**

1. Entity Name

ALL CAR SERVICES, INC.



Principal Place of Business

3990 N COURTENAY PKWY  
MERRITT ISLAND FL 32953  
US

Mailing Address

3990 N COURTENAY PKWY  
MERRITT ISLAND FL 32953  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-1884359

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLAR, MARY L  
1219 SHOW DR  
ORLANDO FL 32828

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Mary L. Hollar* MARY L. HOLLAR

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
NAME HOLLAR, MARVIN  
STREET ADDRESS 12012 LAKE CYPRESS CIRCLE, #204C  
CITY-ST-ZIP ORLANDO FL 32828

TITLE  Change  Addition  
NAME  
STREET ADDRESS 1219 Show Dr.  
CITY-ST-ZIP Orlando, Fla 32828

TITLE VST  Delete  
NAME HOLLAR, MARY L.  
STREET ADDRESS 12012 LAKE CYPRESS CIRCLE, #204C  
CITY-ST-ZIP ORLANDO FL 32828

TITLE  Change  Addition  
NAME  
STREET ADDRESS 1219 Show Dr.  
CITY-ST-ZIP Orlando, Fla, 32828

TITLE D  Delete  
NAME HOLLAR, ROB  
STREET ADDRESS 4106 IVEYGLEN AVE  
CITY-ST-ZIP ORLANDO FL 32826

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mary L. Hollar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-04 321-453-6969