


**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 642729 1. Entity Name ELMER'S AUTO CLINIC, INC. |  |
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| Principal Place of Business 7118 EAST FOWLER AVE. TAMPA, FL 33617 | Mailing Address 7118 EAST FOWLER AVE. TAMPA, FL 33617 |
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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 59-1949226 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ALEXANDER, ELMER B., SR.
7120 E FOWLER AVENUE
TAMPA, FL 33617

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST ALEXANDER, JOAN M 7109 COVE PLACE TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ALEXANDER, ELMER B, SR 7109 COVE PLACE TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP ALEXANDER, ELMER B, JR. 7120 E FOWLER AVE TAMPA, FL 33617 |
| 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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04/27/05-80089-008 150.00

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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: Joan M. Alexander 4/25/05 813-985-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #