2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# 724466

Entity Name: CCAR SERVICES, INC.

Current Principal Place of Business:

3530 ENTERPRISE WAY
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1248
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-1478621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOPELOUSOS, JOHN
1269 KINGSLEY AVENUE
ORANGE PARK, FL 32073 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	OAKES, GLEN D	
Address:	7732 RIVER AVE.	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043 US	
Title:	S/T	( ) Delete
Name:	KELLY, EDWARD	
Address:	200 W. FORSYTH STREET	
City-St-Zip:	JACKSONVILLE, FL 32201 US	
Title:	D	( ) Delete
Name:	BODENWEBER, KATHY	
Address:	293 CROOKEDRIDGE COURT	
City-St-Zip:	ORANGE PARK, FL 32073 US	
Title:	D	( ) Delete
Name:	MOORE, ARTHUR	
Address:	262 ST GEORGE STREET	
City-St-Zip:	SAINT AUGUSTINE, FL 32084 US	
Title:	D	( ) Delete
Name:	GORIA, ANTHONY	
Address:	1843 COMMODORE POINT DRIVE	
City-St-Zip:	ORANGE PARK, FL 32073 US	
Title:	VP	( ) Delete
Name:	KOPELOUSOS, JOHN	
Address:	1269 KINGSLEY AVENUE	
City-St-Zip:	ORANGE PARK, FL 32073	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SIMPSON, TIM	
Address:	801 OAK STREET	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043 US	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. GLEN OAKES P 03/08/2005

Electronic Signature of Signing Officer or Director — Date