

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90045 029 ***150.00

DOCUMENT # F02000001234

1. Entity Name
TOTAL CAR FRANCHISING CORPORATION



Principal Place of Business
**642 CENTURY CIRCLE
CONWAY, SC 29526**

Mailing Address
**642 CENTURY CIRCLE
CONWAY, SC 29526**



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-0940755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PCEP COX, JEFFREY L 642 CENTURY CIRCLE CONWAY, SC 29526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOWERY, CATHERINE H 642 CENTURY CIRCLE CONWAY, SC 29526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMBROSE, JUDITH A 642 CENTURY CIRCLE CONWAY, SC 29526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEMINGWAY, ISHA G 642 CENTURY CIRCLE CONWAY, SC 29526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BARKMAN, Dennis Vice President</i> <i>2009 Belcot Rd.</i> <i>SACRAMENTO, CA 95825</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

John Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-05
Date

347
843-241-8818
Daytime Phone #