



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90379 039 ***158.75

DOCUMENT # F60904 1. Entity Name AMERICAN LUBE CENTER, INC.					
Principal Place of Business % JAMES P. HARRELL 171 WEST STATE RD 434 LONGWOOD FL 32750			Mailing Address % JAMES P. HARRELL 171 WEST STATE RD 434 LONGWOOD FL 32750		
2. Principal Place of Business <i>% James D Hardin</i> Suite, Apt. #, etc. <i>171 W. STATE RD 434</i> City & State <i>Longwood FL</i> Zip <i>32750</i>		3. Mailing Address <i>% James D Hardin</i> Suite, Apt. #, etc. <i>171 W. SR 434</i> City & State <i>Longwood FL</i> Zip <i>32750</i>		 1st MOORE CR2E034 (10/04)	
4. FEI Number 59-2163338				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HARRELL, ELIZABETH 171 S.R. 434 LONGWOOD FL 32750	
7. Name and Address of New Registered Agent Name <i>JAMES D. HARDIN</i> Street Address (P.O. Box Number is Not Acceptable) <i>171 W. STATE RD 434</i> City <i>SANFORD</i> FL Zip Code <i>32750</i>				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 <i>James D. Hardin</i> <i>JAMES D HARDIN</i> <i>2/20/05</i> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDIN, JAMES D. 3400 S. PALMWAY SANFORD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>HARDIN JAMES D</i> <i>3400 S. Palmway</i> <i>Sanford FL 32713</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARRELL, ELIZABETH 239 W. DICIE AVE EUSTIS FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11/5/05</i> <i>Melissa M. Hardin</i> <i>3400 S. Palmway</i> <i>Sanford FL 32713</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>James D. Hardin</i> <i>JAMES D HARDIN (P)</i> <i>2/20/05</i> <i>407-339-7174</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					