

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90126 008 \*\*\*150.00

**DOCUMENT # K65133**

1. Entity Name  
**CIRCLE CAR CARE COMPANY**



Principal Place of Business  
**211 S FEDERAL HWY  
HOLLYWOOD, FL 33021 US**

Mailing Address  
**211 S FEDERAL HWY  
HOLLYWOOD, FL 33021 US**

**40022319**



2. Principal Place of Business  
**1002 North Federal Hwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**1002 North Federal Hwy**  
Suite, Apt. #, etc.

03122008 Chg-P CR2E034 (11/05)

City & State  
**Hollywood FL**  
Zip  
**33020**  
Country  
**Broward**

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**Hollywood FL**  
Zip  
**33020**  
Country  
**Broward**

4. FEI Number  
**65-0112232**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WILLNER, IRA  
211 S FEDERAL HWY  
HOLLYWOOD, FL 33021**

**7. Name and Address of New Registered Agent**

Name  
**IRA Willner**  
Street Address (P.O. Box Number is Not Acceptable)  
**1002 North Federal Hwy**  
City  
**Hollywood** FL Zip Code  
**33020**

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

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, 2006 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	PD WILLNER, IRA 211 S. FEDERAL HWY HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IRA Willner 1002 North Federal Hwy Hollywood FL 33020</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/06**

Date

**(954) 925-8058**

Daytime Phone #