2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004
Secretary of State

DOCUMENT# L13575

Entity Name: CENTRAL FLORIDA CAR CARE, INC.

Current Principal Place of Business:

220 PALM COAST PARKWAY NE
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

220 PALM COAST PARKWAY NE
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 59-3014364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D., ESQ.
4 OLD KINGS RD N
SUITE B
PALM COAST, FL 32037

Name and Address of New Registered Agent:

CHIUMENTO, MICHAEL D., ESQ.
4 OLD KINGS RD N
SUITE B
PALM COAST, FL 32137

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: _____ 06/23/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DAVIDSON, KENNETH M., , JR
Address: 2 COLE COURT
City-St-Zip: PALM COAST, FL

Title: D ( ) Delete
Name: DAVIDSON, BARBARA M.,
Address: 2 COLE COURT
City-St-Zip: PALM COAST, FL

Title: V ( ) Delete
Name: SUDER, LEONARD J., J, R.
Address: 84 FLEETWOOD DRIVE
City-St-Zip: PALM COAST, FL

Title: VP ( ) Delete
Name: DAVIDSON-RHODES, ANDREA
Address: 5 CROSSWAY LT EAST
City-St-Zip: PALM COAST, FL 32137

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETHM DAVIDSON JR DP 06/23/2004
Electronic Signature of Signing Officer or Director — Date