## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State 05-02-2008 90134 007 \*\*\*150.00

| Principal Piece of Business   Mailing Address   PO BOIR 83   BONLING GREEK, FL 33834   | DOCUMENT # P0000078236  1. Entity Name BOWLING GREEN QUICK LUBE, INC. |   |                                    |            |  |                        |                     | 00134 007 ***1                                | 50.00                  |  |
|--|---|---|------------------------------------|------------|--|------------------------|---------------------|---|------------------------|--|
| Solid Address   Po Box 839   BOWLING GREEN, FL 33834   BOWLING GREEN     | Principal Place of Business Mailing Address                           |   |                                    |            | 1  | 4002                   | ) ] tra             |   |                        |  |
| Sation, April #, etc.    Subtro, April #, etc.   City & State   Ci   | 5101 HWY 17 NORTH   |   | PO BOX 839                         |            |  |                        |                     |   |                        |  |
| Sation, April #, etc.    Subtro, April #, etc.   City & State   Ci   |   | <del>-</del>                                    |                                    |            |  |                        |                     | 77 <b>89</b> 70 <b>1898</b> 1 <b>710 1710</b> | 11 14 11 11 11 11 11   |  |
| City & State   | 2. Principal Place of Business - No P.O. Box #                        |   | 3. Mailing Address                 |            |  | IAN 6014 6511 6611 661 |                     | E E    [5]    [1]                             |                        |  |
| Zip Country  | Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                |            |  | 03212008               | Chg-P               | CR2E034 (12/0                                 | 96)                    |  |
| S. Certificate Sissuas Desired   Fee Required Ment   Fee Required    | City & State  |   | City & State                       |            |  | I .                    | 206                 |   |                        |  |
| Name and Address of Current Registered Agent   | Zip   | Country Zip Co                                  |                                    | Соп        | ntry   |                        |                     |   |                        |  |
| Sines Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable agent in both in the Street Address (P.O. Box Number is Not Acceptable agent in both in the Street Address (P.O. Box Number is Not Acceptable agent in both in the Street Address (P.O. Box Number is Not Acceptable agent in both in the Street Address (P.O. Box Number is Not Acceptable agent in both in the Street Address (P.O. Box Number is Not Acceptable agent in both in the Street Ad   | <u> </u>  | 6. Name and Address of Current Registered Agent |                                    |            |  |                        |                     |   |                        |  |
| Sires Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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  Symen. hold or president agent agent.  FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME  HILL, DANIEL L  PO BOX 839  BOWLING GREEN, FL 33834  UITY-51-2P  TITLE  NAME  SIREST ADDRESS  CITY-51-2P  TITLE  NA | 1   |   |                                    |            |  | Name                   |                     |   |                        |  |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Superior, specific principles of registered agent and ship is societies.   (MOTE Registered Agent superior requested when resistancy)   DATE  | 4205 HWY  | ′ 17 N  |                                    |            | Street Address (P.O. Box Number is Not Acceptable) |                        |                     |   |                        |  |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Segment house or present agent and that if applicable. (MOTE Registered Agent scrutilities required from    | BOWLING   | GREEN, FL 33834                                 | ·                                  |            |  |                        |                     |   |                        |  |
| TILE NOWILI FEE IS \$150.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TILL PO BOX 839  BOWLING GREEN, FL 33834  TILL JAMES D PO BOX 839  BOWLING GREEN, FL 33834  TILL JAMES D PO BOW 839  TILL JAMES D JAMES CITY-51-2P  TILL JAM  |   |   |                                    |            | City   |                        |                     | FL Zip C                                      | Code                   |  |
| ### FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE MAKE HILL, DANIEL L SIREET ADDRESS CITY-ST-2P BOWLING GREEN, FL 33834  CITY-ST-2P  TITLE MAKE SIREET ADDRESS CITY-ST-2P  TITLE MAKE SIREET AD | the obligations of registered agent.                                  |   |                                    |            |  |                        |                     |   |                        |  |
| TITLE MAME HILL, DANIEL L STREET ADDRESS CITY-ST-2P  TITLE MAME STREET   | After M   | ay 1, 2008 Fee will be \$550                    | .00 Trust Fund Con                 | tribution. | Add  | ded to Fees            |                     |   |                        |  |
| NAME SIREET ADDRESS CITY-ST-2IP BOWLING GREEN, FL 33834  CITY-ST-2IP  VD NAME SIREET ADDRESS CITY-ST-2IP  HILL, JAMES D P D BOX 839 BOWLING GREEN, FL 33834  CITY-ST-2IP  HILL, JAMES D P D BOX 839 BOWLING GREEN, FL 33834  CITY-ST-2IP  NAME SIREET ADDRESS CITY-ST-2IP  Delete  TITLE NAME SIREET ADDRESS CITY-ST-2IP  TITLE NAME SIREET ADDRESS CITY-ST-2IP  Delete  TITLE NAME SIREET ADDRESS CITY-ST-2IP  Delete  TITLE NAME SIREET ADDRESS CITY-ST-2IP  Delete  TITLE NAME SIREET ADDRESS CITY-ST-2IP  Delete SIRET ADDRESS CITY-ST-2IP  DELETE SIRET ADDRESS CITY-ST-2IP  DELETE SIRET ADDRESS S   |   |   |                                    | _          |  | ADDITIONS/C            | HANGES TO OFF       |   |                        |  |
| CITY-ST-ZIP  BOWLING GREEN, FL 33834  CITY-ST-ZIP  WAME HILL, JAMES D P O BOX 839 STREET ADDRESS CITY-ST-ZIP  BOWLING GREEN, FL 33834  CITY-ST-ZIP  TITLE NAME SIREET ADDRESS    |   | -   | ☐ Detete                           |            | - I  |                        |                     | L_I CHAIR                                     | ås 🗀 vaannii           |  |
| TITLE NAME SIREET ADDRESS CITY-S1-2IP TITLE NAME SIREET ADDRESS CITY-S   | STREET ADDRESS  |   |                                    |            | ,  |                        |                     |   |                        |  |
| NAME STREET ADDRESS CITY-S1-2P BOWLING GREEN, FL 33834 CITY-S1-2P TITLE NAME STREET ADDRESS CITY-S1-2P TITLE STREET ADDRESS CIT   | CITY-ST-ZIP   |   |                                    |            |  |                        |                     |   |                        |  |
| CITY-S1-2IP  BOWLING GREEN, FL 33834  CITY-S1-2IP  TITLE NAME STREET ADDRESS CITY-S1-2IP  TITLE    | NAME  | HILL, JAMES D                                   | L Delete                           | NAM        | KE.  |                        |                     | [] Chan                                       | ge Addition            |  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET    |   | •   |                                    |            |  |                        |                     |   |                        |  |
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| CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRE   |   |   |                                    |            | l l  |                        |                     |   |                        |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information  |   |   |                                    | 1          | · I  |                        |                     |   |                        |  |
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| CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information   |   |   |                                    |            |  |                        |                     |   |                        |  |
| 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   |   |   |                                    |            | j  |                        |                     |   |                        |  |
| 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  | 12. I hereby  | received that the information supplied with     | h this filing does not qualify for | or the ex  | emptions contained                                 | d in Chapter 119,      | Florida Statutes. I | further certify that th                       | e information          |  |