

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081151

FILED
Aug 27, 2004
Secretary of State

Entity Name: DADE CITY FOREIGN CAR CLINIC, INC.

Current Principal Place of Business:

10642 US HWY 301
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

34131 KIEFER RD.
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 59-3673830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEEKER, STEVEN E
34131 KIEFER RD.
DADE CITY, FL 33525

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEEKER, STEVEN E
Address: 34131 KIEFER RD.
City-St-Zip: DADE CITY, FL 33525

Title: S () Delete
Name: MEEKER, KATHLEEN E
Address: 34131 KIEFER RD
City-St-Zip: DADE CITY, FL 33525

Title: P () Delete
Name: MEEKER, STEVEN E
Address: 341 31 KIEFER RD
City-St-Zip: DADE CITY, FL 33525

Title: V () Delete
Name: MEEKER, KATHLEEN E
Address: 34131 KIEFER RD
City-St-Zip: DADE CITY, FL 33525

Title: S () Delete
Name: MEEKER, KATHLEEN E
Address: 34131 KIEFER RD
City-St-Zip: DADE CITY, FL 33525

Title: T () Delete
Name: MEEKER, KATHLEEN E
Address: 31431 KIEFER RD
City-St-Zip: DADE CITY, FL 33525

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:

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: STEVEN E. MEEKER

P

08/27/2004

Electronic Signature of Signing Officer or Director

Date