# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Jan 28, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # P00000081151

1. Entity Name

DADE CITY FOREIGN CAR CLINIC, INC.

Principal Place of Business
10642 US HWY 301
DADE CITY FL 33525

Mailing Address
10642 US HWY 301
DADE CITY FL 33525

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. #, etc. OK | Suite, Apt. #, etc. OK

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number 59-3673830 | Applied For | Not Applicable

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

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

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

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

Name

Street 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when submitting) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | D | ☐ Delete |
| NAME | MEEKER, STEVEN E | |
| STREET ADDRESS | 34131 KIEFER RD. | |
| CITY-ST-ZIP | DADE CITY FL 33525 | |
| TITLE | S | ☐ Delete |
| NAME | MEEKER, KATHLEEN E | |
| STREET ADDRESS | 34131 KIEFER RD | |
| CITY-ST-ZIP | DADE CITY FL 33525 | |
| TITLE | P | ☐ Delete |
| NAME | MEEKER, STEVEN E | |
| STREET ADDRESS | 341 31 KIEFER RD | |
| CITY-ST-ZIP | DADE CITY FL 33525 | |
| TITLE | V | ☐ Delete |
| NAME | MEEKER, KATHLEEN E | |
| STREET ADDRESS | 34131 KIEFER RD | |
| CITY-ST-ZIP | DADE CITY FL 33525 | |
| TITLE | T | ☐ Delete |
| NAME | MEEKER, KATHLEEN E | |
| STREET ADDRESS | 31431 KIEFER RD | |
| CITY-ST-ZIP | DADE CITY FL 33525 | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

| | | |
|---|---|---|
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | U00000799366 01/30/08-80066-004 158.75 | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Steven E Meeker 1/24/08 352-567-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #