

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081151

FILED
Feb 08, 2012
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:

10642 US HWY 301
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 59-3673830 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

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

OFFICERS AND DIRECTORS:

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

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

Title: P
Name: MEEKER, STEVEN E
Address: 34131 KIEFER RD
City-St-Zip: DADE CITY, FL 33525

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEVE E. MEEKER

DIR

02/08/2012

Electronic Signature of Signing Officer or Director

Date