


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90027 014 ***158.75

DOCUMENT # P00000089430 1. Entity Name FLORIDA AUTO CARE SYSTEMS, INC.					
Principal Place of Business 3580 SPRINGFELLOW ROAD SAINT JAMES CITY, FL 33956			Mailing Address 3580 SPRINGFELLOW ROAD SAINT JAMES CITY, FL 33956		
2. Principal Place of Business 638 NE 15TH COURT Suite, Apt. #, etc.		3. Mailing Address 638 NE 15TH COURT Suite, Apt. #, etc.			
City & State CAPE CORAL FLORIDA Zip Country 33909 USA		City & State CAPE CORAL, FLORIDA Zip Country 33909 USA		4. FEI Number 65-1046141	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JEWELL, HENRY J 2905 S W 26TH STREET CAPE CORAL, FL 33914			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POLAND, RONALD R 4625 BERKSHIRE RD SAINT JAMES CITY, FL 33956 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JEWELL, HENRY J 2905 S W 26TH STREET CAPE CORAL, FL 33914 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u>Henry J. Jewell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/1/06</u> <small>Date</small>		<u>239-242-2524</u> <small>Daytime Phone #</small>