2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# P00000089430

Entity Name: FLORIDA AUTO CARE SYSTEMS, INC.

Current Principal Place of Business:

638 NE 15TH CT
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

638 NE 15TH CT
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-1046141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POLAND, RONALD R
4625 BERKSHIRE RD
ST. JAMES CITY, FL 33956 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: PTD
Name: POLAND, KEITH A
Address: 4575 SW 68TH COURT CIRCLE, UNIT#6
City-St-Zip: MIAMI, FL 33155

Title: VP
Name: ALLIGOOD, CHARLES E
Address: 2328 BEACHCOMBER TRAIL
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SEC
Name: WISEMAN, KATHLEEN M
Address: 5011 SW 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: TRS
Name: POLAND, RONALD R
Address: 4625 BERKSHIRE ROAD
City-St-Zip: SAINT JAMES CITY, FL 33956

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: KATHLEEN M. WISEMAN SEC 01/05/2011

Electronic Signature of Signing Officer or Director Date