

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000089430

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**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 ( )**

**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:** 638 NE 15TH COURT  
**City-St-Zip:** CAPE CORAL, FL 33909

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

**Title:** SEC  
**Name:** POLAND, MELISSA  
**Address:** 638 NE 15TH COURT  
**City-St-Zip:** CAPE CORAL, FL 33909

**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:** MELISSA POLAND

SEC

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date