

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113503

FILED
Apr 14, 2008
Secretary of State

Entity Name: ANCHOR RODE AUTO CARE, INC.

Current Principal Place of Business:

3391 NINTH ST. N
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

202 WOODSHIRE LN
NAPLES, FL 34105

New Mailing Address:

FEI Number: 59-3685601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, DONNA D
133 DEBRON DR
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

WESCHLER, DONNA D
133 DEBRON DR
NAPLES, FL 34112 US

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: DONNA D WESCHLER

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHN CSOGI, WILLIAM
Address: 202 WOODSHIRE LN
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: MARIE CSOGI, DAWN
Address: 202 WOODSHIRE LN
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAWN M CSOGI

D

04/14/2008

Electronic Signature of Signing Officer or Director

Date