

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000012238					
1. Entity Name CAR CARE CONNECTIONS, INC.					
Principal Place of Business 6503 GATEWAY AVE SARASOTA FL 34231			Mailing Address 6503 GATEWAY AVE SARASOTA FL 34231		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1074595	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUCZEK, THOMAS M 6675 EASTON DR SARASOTA FL 34238			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 re-stating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES ZUCZEK, THOMAS M 6503 GATEWAY AVE SARASOTA FL 34231		Change <input type="checkbox"/> Addition <input type="checkbox"/> U000000243421 02/25/05-80039-003 150.00		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:			2.21.05 941924-6199		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		