


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000045525</b> 1. Entity Name <b>CHARLIE'S AUTO CARE &amp; DETAILING SERVICE, INC.</b>	
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Principal Place of Business <b>3541 NW 9TH CT FT LAUDERDALE, FL 33311</b>	Mailing Address <b>3541 NW 9TH CT FT LAUDERDALE, FL 33311</b>
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03042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0974875</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>WILLIAMS, JANIE 3541 NW 9TH CT FT LAUDERDALE, FL 33311</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO WILLIAMS, JANIE 3541 NW 9TH CT FT LAUDERDALE, FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WILLIAMS, JANIE 3541 NW 9TH CT FT LAUDERDALE, FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAMS, CHARLIE E III 716 NW 19TH ST FORT LAUDERDALE, FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WILLIAMS, CHARLIE E 3541 NW 9TH CT FORT LAUDERDALE, FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/23/07-80003-013 150.00

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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2007/954-587-1074  
Date Daytime Phone #