

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90027 049 ***150.00

DOCUMENT # P01000045525

1. Entity Name

CHARLIE'S AUTO CARE & DETAILING SERVICE, INC.



Principal Place of Business

3541 NW 9TH CT
 FT LAUDERDALE FL 33311

Mailing Address

3541 NW 9TH CT
 FT LAUDERDALE FL 33311



2. Principal Place of Business - No P.O. Box #

2821 N.W 13th St

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 120130

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State

Pompano Beach, FL

Zip

33069

Country

Broward

City & State

Ft. Lauderdale FL

Zip

33312

Country

Broward

4. FEI Number

65-0974875

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JANIE
 3541 NW 9TH CT
 FT LAUDERDALE FL 33311

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	WILLIAMS, JANIE	
STREET ADDRESS	3541 NW 9TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JANIE	
STREET ADDRESS	3541 NW 9TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHARLIE E III	
STREET ADDRESS	716 NW 19TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHARLIE E	
STREET ADDRESS	3541 NW 9TH CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 120130	
CITY-ST-ZIP	Fort LAUD, FL 33312	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 120130	
CITY-ST-ZIP	Ft. Laud, FL 33312	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7815 N.W 89th Ct	
CITY-ST-ZIP	Okeechobee, FL. 34972	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 120130	
CITY-ST-ZIP	Ft. Laud, FL. 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Janie Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2008
 Date

954-587-1074
 Daytime Phone #