

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-20-2008 90027 049 ***150.00

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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

3. Mailing Address

P.O. Box 120130

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/07)

City & State

Bonaparte Beach, FL

City & State

Ft. Lauderdale FL

4. FEI Number

65-0974875

Applied For

Not Applicable

Zip

33069

Country

Broward

Zip

33312

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Delete
NAME WILLIAMS, JANIE
STREET ADDRESS 3541 NW 9TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☒ Change ☐ Addition
NAME P.O. Box 120130
STREET ADDRESS Fort Land, FL 33312
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WILLIAMS, JANIE
STREET ADDRESS 3541 NW 9TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☒ Change ☐ Addition
NAME P.O. Box 120130
STREET ADDRESS Ft. Land, FL 33312
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAMS, CHARLIE E III
STREET ADDRESS 716 NW 19TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☒ Change ☐ Addition
NAME 7815 N.W. 89th Ct
STREET ADDRESS Okeechobee, FL. 34972
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME WILLIAMS, CHARLIE E
STREET ADDRESS 3541 NW 9TH CT
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☒ Change ☐ Addition
NAME P.O. Box 120130
STREET ADDRESS Ft. Land, FL. 33312
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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