

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90103 042 ***150.00

DOCUMENT # P02000056839

1. Entity Name

AT HOME AUTO CARE, INC.



Principal Place of Business

1801 KOFRESI COURT
RUSKIN FL 33570

Mailing Address

308 - 14TH ST. S.W.
RUSKIN FL 33570



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

2003 - US Hwy 41 South

3. Mailing Address

2003 US Hwy 41 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Ruskin, Florida

City & State

Ruskin, FL

4. FEI Number

01-0678632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALE, JULIE A
308 14TH STREET SW
RUSKIN FL 33570

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 reappointing)

DATE

4-24-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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
NAME
STREET ADDRESS
CITY ST ZIP
PTD
GALE, JULIE A
308 14TH STREET SW
RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VSD
DAVIS, LEROY B
308 14TH STREET SW
RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY ST ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

4-24-07