

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098198

Entity Name: FRANK'S FAMILY CAR CARE, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

1182A TAMIAMI TRAIL
MURDOCK, FL 33953

New Principal Place of Business:

Current Mailing Address:

1182A TAMIAMI TRAIL
MURDOCK, FL 33953

New Mailing Address:

FEI Number: 06-1648725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORSTEN, KRISTA L
1182A TAMIAMI TRAIL
MURDOCK, FL 33953 US

Name and Address of New Registered Agent:

FORSTEN, JOSEPH F
2221 SHALIMAR TERRACE
NORTH PORT, FL 34286 US

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.

SIGNATURE: JOSEPH F. FORSTEN

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FORSTEN, KRISTA L
Address: 1182A TAMIAMI TRAIL
City-St-Zip: MURDOCK, FL 33953

Title: D () Delete
Name: FORSTEN, JOSEPH F
Address: 1182A TAMIAMI TRAIL
City-St-Zip: MURDOCK, FL 33953

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: FORSTEN, JOSEPH F
Address: 1182A TAMIAMI TRAIL
City-St-Zip: MURDOCK, FL 33953

Title: VP D (X) Change () Addition
Name: FORSTEN, JOSEPH F
Address: 1182A TAMIAMI TRAIL
City-St-Zip: MURDOCK, FL 33953

Title: STD () Change (X) Addition
Name: FORSTEN, JOSEPH F
Address: 1182A TAMIAMI TRAIL
City-St-Zip: MURDOCK, FL 33953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH F. FORSTEN

P, D

04/22/2008

Electronic Signature of Signing Officer or Director

Date